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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
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(Business Entity Name)	íi t
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Effective Date 10/16/09

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09 OCT 19 PH 2:57
SECRETARY OF STATE

J. BRYAN

OCT 2 0 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C		•	•		
SUBJE	_{ECT:} Max	kimize Motorsports,	LLC			
		(Name of Limite	ed Liability Company	y)		-
The en	closed Articles	of Organization and fee(s) are s	submitted for filing.			
Please	return all corres	pondence concerning this matte	er to the following:		Po	0
	Ken Are	na, EA			E CR	306
		((Name of Person)		HAS	
	Ken Are	na Accounting & Ta	x Service		SEE.	119 PH
	-	1	(Firm/Company)		FLO	2:57
	912 Lithi	a Pinecrest Road			RIOA	5
			(Address)			
	Brandon	, FL 33511-6121				
		(City	//State and Zip Code)			
For fur	ther information	concerning this matter, please	call:			
Ken	Arena		at (813)	341-2	501	
	(Nam	e of Person)	(Area Code &	Daytime Te	elephone Number)	=
Enclos	ed is a check t	For the following amount:				
\$12 5.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing l Certified Copy (additional copy is		\$160.00 Filing I Certificate of St. Certified Copy (additional copy is	atus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Cour Registration Division of Clifton Buil 2661 Execu	Section Corporation ding tive Center	ns	

ARTICLES OF ORG	ANIZATION FOR	FLORI	DA LIMITED	LIABIL		ANY
ARTICLE I - Name:					09 OCT SECRET	~ (`]
The name of the Limit	ed Liability Company	is:			ARY ASSE	
Maximize Moto	rsports, LLC				E GF	
	nd with the words "Limited L	iability Con	npany, "L.L.C.," or "I	LLC.")	2: 57 *TATE 	
ARTICLE II - Addre					P	
The mailing address as	nd street address of the	e principa	al office of the L	imited Li	ability Comp	any is:
Principal Office Add	ress:	Ma	iling Address:			
113 S. Valrico Road - Suite	В	841	6 Southwood Oaks	Drive		
Valrico, FL 33594-3629			nia, FL 33547-2235			
-						
ARTICLE III - Regis (The Limited Liability Compa business entity with an activ The name and the Flore	any cannot serve as its own R e Florida registration.)	Registered A	gent. You must design	nate an indivi		0/09
ŀ	Ken Arena, EA					
		ame				
_6	912 Lithia Pinecr	rest Ro	ad			
	Florida street	t address (F	P.O. Box NOT acce	ptable)		
_E	Brandon,	FL	33511-612	1		
	City, Sta	ate, and Zip	1			
liability company o registered agent and o	ns registered agent and nt the place designated ngree to act in this capa he proper and complete	in this ce acity. I fu	rtificate, I hereby rther agree to co	v accept th omply with	ne appointmen the provision	it as is of all

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager		SE SE
"MGRM" = Managing Member		CRE CO
MGR	Dulcie A, Kiffner	SA
	8416 Southwood Oaks Drive	<u>m</u> -<
	Lithia, FL 33547-2235	THE T
		2: 5:
	- Marie	[D)
70.		
		

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 16, 2009. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Dulcie A. Kiffner

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)