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EXAMINER

COVER LETTER

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4: ""

TO:	Registration S Division of Co		
SUBJ	ECT:		OTORSPORTS LLC
		Name of Limite	d Liability Company
The er	nclosed Articles o	of Organization and fee(s) are s	submitted for filing.
Please	return all corresp	oondence concerning this matt	er to the following:
		CHRIST	OPHER WILLIAMS
	14-		Name of Person
			Firm/Company
	4	211 NW 7	5TH WAY
			Address
		PLANTATIC	N, FL 33317
			y/State and Zip Code
		E-mail address: (to be used t	for future annual report notification)
For fu	rther information	concerning this matter, please	e call:
CHF	RISTOPHER	R WILLIAMS	at (954) 562-8545
	Name	of Person	Area Code & Daytime Telephone Number
Enclo	osed is a check f	or the following amount:	
回\$125	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	pany is:	
CVVIIII MA	OTORSPORTS LLC	
	ited Liability Company, "L.L.C.," or "LLC.")	
ADTICLE II. Address		
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
1980 TIGERTAIL BLVD, BLDG 9	211 NW 75TH WAY	
DANIA BEACH, FL 33004	PLANTATION, FL 33317	
business entity with an active Florida registration.) The name and the Florida street address CHRIST	of the registered agent are: OPHER WILLIAMS Name	
211 NW 75		
Florida :	street address (P.O. Box <u>NOT</u> acceptable)	
PLANTAT		
	City, State, and Zip	
liability company at the place designates registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the dated in this certificate, I hereby accept the capacity. I further agree to comply with plete performance of my duties, and I am as registered agent as provided for in Ci	e appointment as the provisions of all I familiar with and
Registered Agent	's Signature (REQUIRED)	JOHAR I
(0	CONTINUED)	
	Page 1 of 2	2 26

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	CHRISTOPHER WILLIAMS
	211 NW 75TH WAY
	PLANTATION, FL 33317
- 1	
(Use attachment if necessary)	
	L. CONTONIA
LE V: Effective date, if other than the	ne date of filing: (OPTIONA
days after the date of filing.)	be specific and cannot be more than five business days
days after the date of ining.)	
REQUIRED SIGNATURE:	•
	//- / ///
	Ken 11. //Krant

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.)

Typed or brinted 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)

SECRETARY OF STATE DIVISION OF CORPORATIONS

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