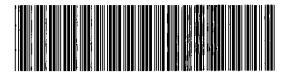
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Office Use Only



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

BLP Motorsports LLC

1015 W. Church Street Orlando, FL 32805

Ph: 407-422-0394

Rick Cole – President Joe Hilerio – V-P Marketing Mike Laws – V-P Manf. Rep.

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: New Company Application

Sirs:

Enclosed is an application and fee payment to register our company as a newly formed LLC in the State of Florida. (See letterhead above)

The enclosed check is for \$160.

If there are any questions or need for more information, please contact me as the registered agent at the address shown above or call me directly:

Mike Laws Ph: 407-422-0394

Thank you,

Mike Laws - Member

CC: T. Rodgers, Company Advisor

COVER LETTER

Division of	n Section Corporations		
SUBJECT:	BLP.	Motorsports Liability Company	110
	Name of Limited	Liability Company	
The enclosed Article	s of Organization and fee(s) are st	abmitted for filing.	
Please return all corr	espondence concerning this matte	r to the following:	
	MIKE LAW	ک	
)	Name of Person	
	BLP Motons	ports LLC	
*		. Hill Company	
	1015 W. C.	hurch Street Address	L
		Address	
	ORLAND	State and Zip Code	305
 		,,	
	MLANS®	BLp, Com r future annual report notification)	
	•	,	•
For further informati	ion concerning this matter, please	call:	
MIKE	LAWS me of Person	at (407-) 422.	0394
Na	me of Person	Area Code & Daytime To	elephone Number
Englaced is a shee	k for the following amount:		
		Diss on Elling Co. &	Merca on Elling Eng
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Addre	<u>55</u>
	Registration Section Division of Corporations	Registration Section Division of Corporation	ons
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cente	r Circle
	1 diidii03500, 115 32314	Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

·	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	Cabo main aimel a CC an a Cabo Limited Lighilit	u Componu io:
ine mailing address and street address of	f the principal office of the Limited Liabilit	y Company is.
Principal Office Address:	Mailing Address:	
1015 N. Church St.	Same	_
ORIANAO FL SA803		
		
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	istered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual o	r another
The name and the Florida street address		O SEC
JAMES "M	ike Lows	SECRETAR VISION OF I
	Name	<u> </u>
1015 W. L	church st.	A PORTO
Florida s	street address (P.O. Box <u>NOT</u> acceptable)	5 94
ORIANA.	FL 32805 City, State, and Zip	5 11 1
···	City, State, and Zip	蓋
liability company at the place designa registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above ted in this certificate, I hereby accept the app capacity. I further agree to comply with the p plete performance of my duties, and I am fan as registered agent as provided for in Chapt	pointment as provisions of all piliar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Fitle:</u> "MGR" = Manager	Name and Address:
'MGRM" = Managing Member	e
m G R	JAMES MIKE LAWS 113 ISLAND DRIVE HOWEY IN THE HILLS FL 34737
MGR	Joeseph Hiltoin
	S614 Elizabeth Rose Square Orlando FL 32810
MGRM	RICLARD C. CO/E 1011 PROGSDATE Rd. Oviedo FL 32765
	Oviedo, FL 32765
·	
Use attachment if necessary)	
EV: Effective date if other the	an the date of filing: Nov. 1, 2010 (OPTION
fective date is listed, the date m days after the date of filing.)	nust be specific and cannot be more than five business d
uays and the trace of ining.	

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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

RICLARD C. CO/E PRes. /MGRM
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)