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EXAMINER

SECRETARY OF STATE PALLAHASSTATE ORIGIN

COVER LETTER

	egistration Sec Pivision of Corp				*
SUBJECT	_{r.} Pinnac	le Racing Stable	e 11 LL	C,	
SUBJECT		Name of Limit			
The enclos	sed Articles of (Organization and fee(s) are	submitted fo	r filing.	
Please retu	ırn all correspor	ndence concerning this mat	ter to the foll	owing:	
A	dam Laz	arus			
			Name of Per	son	
P	innacle F	Racing Stable 11	LLC		
		·	Firm/Compa	any	
1	9601 E C	ountry Club Dr #	304		
-			Address		
<u>Av</u>	entura, Fl				
•			y/State and Z	ip Code	
pir	nacieracir	igstable@hotmail.c E-mail address: (to be used		ual report notification	n)
For further	r information co	oncerning this matter, pleason	e cali:		
Adam L	_azarus		at (305	336-909	98
	Name of	Person		a Code & Daytime T	elephone Number
Enclosed	is a check for	the following amount:			
\$125.00 Fi	ling Fee 🔽	\$130.00 Filing Fee & Certificate of Status	Certifi	O Filing Fee & ed Copy nal 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	Re Di Cl 26	reet/Courier Addre gistration Section vision of Corporati ifton Building 61 Executive Cente Ilahassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	- Name: the Limited Liability Com	pany is:				
	e Racing Stable 1					
	_	ited Liability Company, "L.L.C.," or "LLC.)			
ARTICLE I		of the principal office of the Limi	ited Liability Company is:			
Principal Of	ffice Address:	Mailing Address:				
19601 E Country Club Dr # 304 Aventura, FL 33180		19601 E Country Club Aventura, FL 33180Ad	19601 E Country Club Dr # 304 Aventura, FL 33180Adam			
(The Limited Lia business entity	bility Company cannot serve as its owith an active Florida registration.)	gistered Office, & Registered A own Registered Agent. You must designate to of the registered agent are:				
	Adam Lazarus					
	7 taarri Ealardo	Name				
	19601 E Co	untry Club Dr # 304				
		street address (P.O. Box NOT acceptab	ole)			
	Aventura	_{FL} 33180				
		City, State, and Zip				
liability o registered ag statutes rei	company at the place design gent and agree to act in this lating to the proper and com	t and to accept service of process f ated in this certificate, I hereby ac capacity. I further agree to comp aplete performance of my duties, a a as registered agent as provided f	scept the appointment as bly with the provisions of al nd I am familiar with and			
	Registered Agen)) t's Signature (REQUIRED)	19 NOV			

Page 1 of 2

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 "MGRM" = Managing Mem	Name and Address: ber
MGRM	Adam Lazarus 19601 E Country Club Dr # 304 Aventura, FL 33180
(Use attachment if necessary	
ICLE V: Effective date, if other	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days price
REQUIRED SIGNATURE	j Z
Signature	ra member or an authorized representative of a member.
constitutes an affirm I am aware that any	section 608.408(3), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. False information submitted in a document to the Department of State
	gree felony as provided for in s.817.155, F.S.)

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)