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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(During Fakh, Marca)	
(Business Entity Name)	
(Document Number)	
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2011 JAN -4 PM RE: 80
2011 JAN -4 PM RE: 80

C. LEWIS

JAN 5 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	a.	
SUBJECT: Wop & Mic Motorsports LLC		
Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Collin L. Webb		
Name of Person		
Wop & Mic Motorsports LLC		
Firm/Company		
8725 N. Whittier St.		
Address		
Tampa, FL 33617		
City/State and Zip Code		
wopandmic@gmail.com E-mail address: (to be used for future annual report not	ification)	
For further information concerning this matter, please call:	,	
	. NT - 4	
at(2 6716	
Name of Person Area Code & Da	aytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is en	Certificate of Status &	
Mailing AddressStreet/CourierRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 ExecutiveTallahassee, FL 32314Tallahassee, FL 32314	ection orporations ng ecenter Circle	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Wop & Mic Motorsports LLC	
(Must end with the words "Limited Liabili	ry Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	nainal office of the Limited Liebility Company is:
The maining address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8725 N. Whittier St.	8725 N. Whittier St.
Tampa, FL 33617	Tampa, FL 33617
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Collin L. Webb	JAN -4 P
Name	92
8725 N. Whittier S	egistered agent are:
Florida street add	ress (P.O. Box NOT acceptable)
Tampa, FL 33617	FL SSA
City, Sta	te, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

The name and address of each Manager or Managing Member is as follows: 2011 JAN -4 PM 12: 80 SECRETARY OF STATES TABLE TABLE SEE, FLORIDA Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Collin L. Webb 8725 N. Whittier St. Tampa, FL 33617 MGRM Joseph A. Dibello 909 E. Annie St. Tampa, FL 33612 (Use attachment if necessary) (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: ____ (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. 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.) Collin L. Webb

Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)