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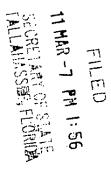
(Requestor's	Name)
(Address)	
(Address)	,
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document i	Number)
Certified Copies Ce	rtificates of Status
Special Instructions to Filing Off	icer:

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K. SALY EXAMINER MAR 8 2011

COVER LETTER

TO:	Registration S Division of Co			
SURI	ECT: Pinna	cle Racing Stable	12 LLC	
3000			d Liability Company	
The er	nclosed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corres	ondence concerning this matte	er to the following:	
	Adam La	zarus		
			Name of Person	
	Pinnacle	Racing Stable 12	LLC	
			Firm/Company	
	19601 E	Country Club Dr#	304	
			Address	
	Aventura,	FL 33180		
		•	State and Zip Code	
	pinnaclerac	ingstable@hotmail.co	or future annual report notification)	
For fu	rther information	concerning this matter, please	•	
Ada	m Lazarus		at (305) 336-9098	
	Name	of Person	at (305) 336-9098 Area Code & Daytime Telep	phone Number
Enclo	sed is a check for	or the following amount:		
\$125.0	O Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Pinnacle Racing Stable 12 LL (Must end with the words "Limited Liabi	
	inty company, Elect, or Elect /
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
19601 E Country Club Dr # 304 Aventura, FL 33180	19601 E Country Club Dr # 304 Aventura, FL 33180
The name and the Florida street address of the Adam Lazarus Name 19601 E Country	Club DR # 304
Florida street ad Aventura	dress (P.O. Box NOT acceptable)
	FL 33180 tate, and Zip

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Adam Lazarus 19601 E Country Club Dr # 304 Aventura, FL 33180
(Use attachment if necessary) CLE V: Effective date, if other than the	he date of filing: (OPTIONAL
effective data is listed the data must	
effective date is listed, the date must 0 days after the date of filing.)	be specific and cannot be more than five business days
effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days
effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a-mem (In accordance with section 6 constitutes an affirmation under a management of a managemen	3

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)

Typed or printed name of signee