11000049510

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |

L. SELLERS

APR 27 2011

EXAMINER

Office Use Only



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04/25/11--01040--023 **125.00

SECRETARY OF STATE

COVER LETTER

| Division of Corporation | ns | | | |
|---------------------------------------|--|----------------------------------|--|---|
| _{SUBJECT:} Pinnacle Ra | acing Stable | e 13 LLC | ; | |
| Source, | Name of Limit | | | |
| The enclosed Articles of Organization | ation and fee(s) are | submitted for f | iling. | |
| Please return all correspondence of | concerning this mat | ter to the follow | ving: | |
| Adam Lazarus | 3 | | | |
| | | Name of Person | 1 | |
| Pinnacle Racin | ng Stable 13 | 3 LLC | | |
| | | Firm/Company | | |
| 19601 E Count | ry Club Dr# | 304 | | |
| | | Address | <u> </u> | |
| Aventura, FL 331 | 80 | | | |
| | Cit | y/State and Zip (| Code | _ |
| pinnacleracingstab | | | | |
| | address: (to be used f | or future annual | report notification | 1) |
| For further information concerning | g this matter, please | call: | | |
| Adam Lazarus | | at (305 | 336-909 | 98 |
| Name of Person | · / | | Code & Daytime 1 | elephone Number |
| Enclosed is a check for the foll | lowing amount: | | | |
| | 0 Filing Fee & ficate of Status | Certified | Filing Fee & Copy copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Registr Divisio P.O. B | g Address ation Section on of Corporations ox 6327 assee, FL 32314 | Regis Divis Clifto 2661 | t/Courier Address tration Section ion of Corporati on Building Executive Center trassee, FL 3230 | ons er Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

| ARTICLES OF ORGANIZATION I | TOR FLORIDA LIMITED LIABILITY COMPANY |
|--|--|
| ARTICLE I - Name: The name of the Limited Liability Comp | pany is: |
| | NG STABLE 15 UC ited Liability Company, "L.L.C.," or "LLC.") |
| (Must end with the words Lim | ited Liability Company, "L.L.C., or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of | of the principal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| 19601 E Country Club Dr # 304 | 19601 E Country Club Dr # 304 |
| Aventura, FL 33180 | Aventura, FL 33180Ada, |
| | |
| (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Adam Lazarus | |
| | Name |
| 19601 E Cou | untry Club Dr # 304 |
| | street address (P.O. Box <u>NOT</u> acceptable) |
| Aventura | _{FL} 33180 |
| | City, State, and Zip |
| liability company at the place designate registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position | and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S |
| | ONTINUED) SECRETAR 25 ONTINUED) |

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>:</u> | | Name and Address: |
|--|--|---------------------------------|--|
| | R" = Manager | | |
| "MG | RM" = Manag | ing Member | |
| MGR | IM | | Adam Lazarus |
| | | | 19601 E Country Club Dr # 304 |
| | | | Aventura, FL 33180 |
| | | | |
| ************************************** | | | |
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| | | | |
| n effectiv r 90 days | : Effective dat we date is listed after the date | i, the date must be of filing.) | late of filing: (OPTIONAL) specific and cannot be more than five business days prior |
| | <u> </u> | di 5 | |
| | Si | gnature of a manufer | or an authorized representative of a member. |

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)