

L11000122661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

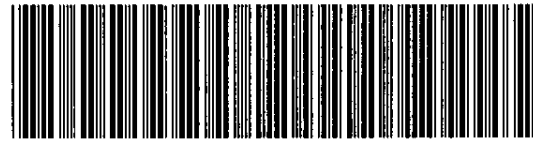
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/26/11--01017--015 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 OCT 26 AM 10:36

FILED

**ALEX S. TRADD, II, P.C.**  
Attorney & Counselor at Law  
12405 Highway 71 West  
Austin, Texas 78738

Alexander S. Tradd, II

Telephone 512 263-8080  
Telefax 512 263-5747  
e-mail TraddPC@aol.com

**VIA FEDEX OVERNIGHT**

October 25, 2011

Florida Department of State  
Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Articles of Organization for Florida Limited Liability Company  
The Trans Am Race Company, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of the above-referenced document. Please file same at your earliest convenience and return the file-stamped, certified copy and certificate of status to me in the enclosed self-addressed, stamped envelope.

I have enclosed my firm check in the amount of \$160.00 for the filing fee/certified copy/certificate of status.

Thank you for your assistance. If you have any questions, please contact me. I remain

Respectfully,



Alex S. Tradd, II

AST/st

Enclosures as noted

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: The Trans Am Race Company, 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:

Alex S. Tradd, II  
Name of Person

Alex S. Tradd, II, P.C.  
Firm/Company

12405 W Highway 71  
Address

Austin, Texas 78738  
City/State and Zip Code

TraddPC@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex S. Tradd, II at ( 512 ) 263-8080  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 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 Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

The Trans Am Race Company, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

7300 SW 165th Street  
Palmetto Bay, FL 33157

7300 SW 165th Street  
Palmetto Bay, FL 33157

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

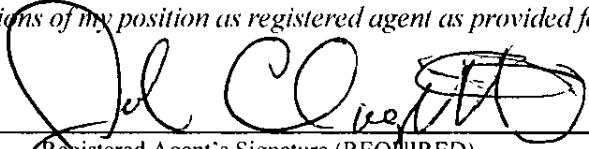
The name and the Florida street address of the registered agent are:

John Clagett  
Name

7300 SW 165th Street  
Florida street address (P.O. Box NOT acceptable)  
Palmetto Bay FL 33157  
City, State, and Zip

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**TALLAHASSEE, FLORIDA**

*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)

**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:**

MGR

Jim Derhaag  
749 Canterbury Rd.  
Shakopee, MN 55379

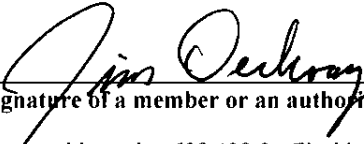
MGR

John Clagett  
7300 SW 165th Street  
Palmetto Bay, FL 33157

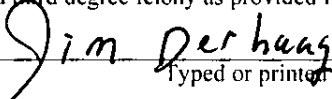
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(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.)

  
Typed or printed name of signee

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11 OCT 26 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)