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SECRETARY OF STATE

C. LEWIS

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EXAMINER

COVER LETTER

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то:	Registration of	n Section Corporations	
CUDI	ьст. Gato	or Island Racing, L	LC
SUBJ	ECI:		ted Liability Company
	· .		
The er	nclosed Articles	s of Organization and fee(s) are	submitted for filing.
Please	return all corre	espondence concerning this man	ter to the following:
	Dona A	larcon	
			Name of Person
	Gator Is	sland Racing, LLC	•
			Firm/Company
	37034 F	Florida Ave.	
			Address
	Dade City	y, FL. 33525	
	Dado On		ty/State and Zip Code
	donagemi	ie@aol.com	
		E-mail address: (to be used to	for future annual report notification)
For fu	rther information	on concerning this matter, please	e call:
Don	a Alarcon		_at (813) 417-9028
	Nan	ne of Person	Area Code & Daytime Telephone Number
Enclo	sed is a check	for the following amount:	
√ \$125.00	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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	ne Limited Liability Con	mpany is:	
Gator Isla	and Racing, LL	С	
	(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing ac		s of the principal office of the Limited	Liability Company is:
Principal Offi	ice Address:	Mailing Address:	
37034 Florida A			
(The Limited Liabil		Registered Office, & Registered Agents own Registered Agent. You must designate an ind	lividual or another
The name and	the Florida street address	ss of the registered agent are:	TALLAHASS
	Dona Alarcon		器号二
		Name	ASS ASS
37034 Florida Ave			10000000000000000000000000000000000000
	Floric	da street address (P.O. Box <u>NOT</u> acceptable)	781
	Dade City	_{FL} 33525	PATE S
	-	City, State, 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

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

FILED

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

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MGRM" = Managing Member		SECRETAR T ALLA HASS
.9111	Dona Alarcon	
	37034 Florida Ave	
	Dade City, FL 33525	
		
		•
		
Use attachment if necessary)		

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.)

Dona Alarcon

Typed or printed name of signee

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)