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•	(Requestor's Name)
-	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(Business Entity Name)
-	(Document Number)
(Certified Copies Certificates of Status
	Special Instructions to Filing Officer:
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c,	B. KOHR
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COVER LETTER

TO: **Registration Section Division of Corporations**

PARK L.L.C. RACE WAY ppidA ONA SUBJECT: 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: LEROY GONZA/EZ JP Name of Person N.R.G. FAUESTMENTS INC Firm/Company Kings WAN - ORI dA 33584 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEROY OONZA/ET 813 681-1646 Area Code & Daytime Telephone Number at (Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee \$\$130.00 Filing Fee \$ \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street/Courier Address Mailing Address **Registration Section Registration Section Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

lopida LUTERNALIONAL RACEMAY H LLC (Must end with the words "Limited Liability Company, "L.L.O.," or

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

UFR

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:

LEROY GONZA/EZ JR Name

612 CHASTAIN Rd Florida street address (P.O. Box NOT acceptable)

SEFFNER FL 33584 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 (REQUIRE

(CONTINUED)

Page1 of2

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

"MG-R"

M&RM"

FR FIA

Name and Address:

DER . FIA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: $\underline{\int \ln g} dA \overline{t} \overline{\overline{t}}$. (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.)

EROY GONZA/EZ Typed or printed name of signee TP

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)