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Effective Date 5/7/12

MAY 1 4 2012 T. HAMPTON

COVER LETTER -

Division of C			
SUBJECT: Best	Damn Race, LL	_C.	
		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	tter to the following:	
Nichola	s A. Zivolich		
INICIOIA	S A. ZIVOIICH	Name of Person	
		Firm/Company	
3117 Oy	rster Bayou Way		
		Address	
Clearwate	er, FL 33759		
info@hest	Cit damnrace.com:	ity/State and Zip Code	
inoebesi		for future annual report notification)	
For further information	concerning this matter, please	se call;	
Nick Zivolich		at (727) 463-0642	
Name	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enc	s &
	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	

Effective Bate

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
Best Dar	mn Race, 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:

ARTICLE I - Name:

Principal Office Address:	Mailing Address:
3117 Oyster Bayou Way	935 Main Street Suite A-2
Clearwater, FL	Safety Harbor, FL 34695
33759	

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:

Nicholas A. Ziv	olich
	Name
3117 Oyste	r Bayou Way
Florida	street address (P.O. Box NOT acceptable
Clearwater	_{FL} 33759
	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):

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

Title:	Name and Address:
"MGR" = Manager	_
"MGRM" = Managing Member	
(Use attachment if necessary)	
FICLE V: Effective date, if other the	an the date of filing: <u>5/7/12</u> . (OPTIONAL)
	oust be specific and cannot be more than five business days price
r 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
211111111111111111111111111111111111111	
Signature of a i	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.)

Nicholas A. Zivolich

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)