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COVER LETTER

TO:

то:	Registration Division of	n Section Corporations		
SUBJI	CT. MIK	IM Motorsports, LL	C.	
			ed Liability Company	
The en	closed Articles	s of Organization and fee(s) are s	submitted for filing.	
Please	return all corre	espondence concerning this matt	er to the following:	
•	Michae	I J. Greiner	Name of Person	.
1			Name of Person	
	MIKIM I	Motorsports LLC.		
			Firm/Company	
	21 Free	port Lane		•
			Address	_
	Palm Coa	ast, Florida, 32137		
			y/State and Zip Code	
i.	m.greiner	88@gmail.com		
,		E-mail address: (to be used t	or future annual report notification)	
For fu	ther informati	on concerning this matter, please	e call:	
Mich	ael J.Grei	ner	at (386) 237-5959	
	Nai	me of Person	Area Code & Daytime Telep	hone Number
Enclo	sed 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 Ci	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

MIKIM Motorsports, LLC.	ed Liability Company, "L.L.C.," or "LLC.")	
·	na mability company, E.E.C., of Elec.)	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
	21 Freeport Lane	
	- 1	
· ·	Palm COAST, P1 32	<u>157</u>
	istered Office, & Registered Agent's Si	ignature:
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of	istered Office, & Registered Agent's Si vn Registered Agent. You must designate an individua	ignature:
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	istered Office, & Registered Agent's Si on Registered Agent. You must designate an individual	ignature: al or another SEC
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of	istered Office, & Registered Agent's Si on Registered Agent. You must designate an individual	ignature: Il or another SECRETA TALLAHA
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of	istered Office, & Registered Agent's Siven Registered Agent. You must designate an individual of the registered agent are: Name	ignature: al or another SEC
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Michael J. Greine 21 Freeport L.	istered Office, & Registered Agent's Siven Registered Agent. You must designate an individual of the registered agent are: Name	ignature: I or another SECRETARY TALLAHASSET
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Michael J. Greine 21 Freeport L.	istered Office, & Registered Agent's Siven Registered Agent. You must designate an individual of the registered agent are: Name ANCE	ignature: Il or another SECRETA TALLAHA

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..

V

(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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Michael J. Greiner
(Use attachment if necessary)	
•	the date of filing: (OPTIONAL)
	st be specific and cannot be more than five business days prior
effective date is listed, the date mus 90 days after the date of filing.)	
	TALE TALE
90 days after the date of filing.)	SECRE TALLA
90 days after the date of filing.) REQUIRED SIGNATURE:	SECRE TALLA
REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation using the same of t	SECRE IMPAGE TALLAMASSES

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)