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T. HAMPTON

(850) 245-6051.

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: PRS Race Timing, 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: |
| Matthew Reimer |
| Name of Person |
| PRS Race Timing, LLC |
| Firm/Company |
| 4130 Tideview Drive |
| Address |
| Jacksonville, Florida 32250 |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Matthew Reimer _{at} 904 509-1345 |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| ■\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Marie Address Communication Address |

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: | | | | |
|---|--|--|--|--|
| PRS Race Timing, LLC | | | | |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | | | | |
| ARTICLE II - Address: The mailing address and street address | ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| 3016 South 3rd Street, #201 | 4130 Tideview Drive | | | |
| Jacksonville Beach, Florida 32250 | Jacksonville, Florida 32250 | | | |
| | | | | |
| The name and the Florida street address Matthew Reimer | Name | | | |
| 4420 Tidouisus Prius | | | | |
| 4130 Tideview Drive Florida | street address (P.O. Box NOT acceptable) | | | |
| Jacksonville, FL 3 | | | | |
| | City, State, and Zip | | | |
| liability company at the place design registered agent and agree to act in the all statutes relating to the proper and and accept the obligations of my position. | t and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as its capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with ion as registered agent as provided for in Chapter 608, F.S | | | |
| Registreti Ager | it's Signature (NEQUINED) | | | |

(CONTINUED)

Page 1 of 2

SOUTH ON THE STATE OF THE STATE

SECRETARY OF STATE

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

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

| MGRM | Matthew Reimer 4130 Tideview Drive |
|-------------------------------|--|
| | Jacksonville, Florida 32250 |
| MGRM | Paul McRae |
| | 1246 Willow Branch Avenue |
| | Jacksonville, Florida 32205 |
| | |
| (Use attachment if necessary) | |
| | an the date of filing: (OPTIONAl must be specific and cannot be more than five businessing.) |

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.)

Matthew Reimer

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)