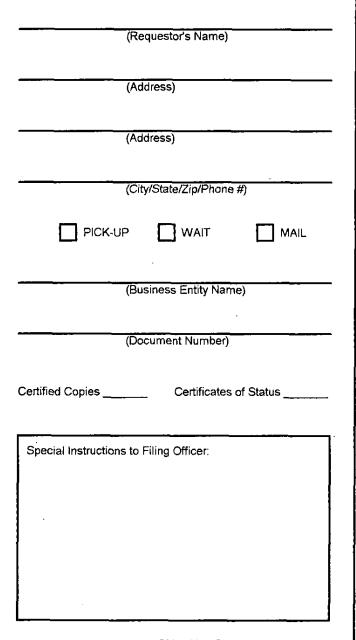
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ZECRETARY OF STATE

B. BOSTICK
JUL **1 9** 2013

EXAMINER

(850) 245-6051. ·

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MRG Racing 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:

Richard C. George

Name of Person

Firm/Company

945 Island Grove Dr.

Address

DeLand, Florida 32724

City/State and Zip Code

richg@rgeorge.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard C. George

.,386

804-3795

Name of Person

Area Code & Daytime Telephone Number

Enclosed 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MPC Posing LLC			
MRG Racing LLC (Must end w	vith the words "Limited Liability Company, "L.L.C.," or "LLC.")		
(**************************************	······································		
ARTICLE II - Address:	•		
The mailing address and s	street address of the principal office of the Limited Liab	oility Compar	ıy is:
Principal Office Address	s: Mailing Address:		
Richard C. George	Richard C. George		
945 Island Grove Dr.	945 Island Grove Dr.		
DeLand, FL 32724	DeLand, FL 32724		
	Richard C. George	ECKI	
	Richard C. George Name	HECKETARY LLAHASSI	Land Carried St.
		SECKETARY OF ALLAHASSEE.	
	Name	HECKETARY OF ST	Secretary of the second
	Name 945 Island Grove Dr. Florida street address (P.O. Box <u>NOT</u> acceptable)	HECKETARY OF STATE	The second secon
The name and the Florida	Name 945 Island Grove Dr.	HECKETARY OF STATE LLAHASSEE. FLORID.	
Having been named as re liability company at th registered agent and ag all statutes relating to t	Name 945 Island Grove Dr. Florida street address (P.O. Box <u>NOT</u> acceptable) DeLand, _{FL} 32724	bove stated li appointment the provision am familiar	mited as ns of with

(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:

	Name and Address:
"MGR" = Manager "MGRM" = Managing Me	ember
MGRM	Richard C. George
	945 Island Grove Dr.
	DeLand, FL 32724
MGRM	Michael L. Prelec, Sr.
	4175 HIWAY 11
	DeLand, FL 32724
MGRM	George Ellis Hunt, Jr.
	2404 Hunt Brothers Rd.
	Lake Wales, Ft 33898
Use attachment if necessa	ry)
(Use attachment if necessa	
LE V: Effective date, if ot	her than the date of filing: (OPTION date must be specific and cannot be more than five business.
LE V: Effective date, if of fective date is listed, the	her than the date of filing: (OPTION date must be specific and cannot be more than five busine of filing.)
LE V: Effective date, if offective date is listed, the or 90 days after the date REQUIRED SIGNATUR	her than the date of filing: (OPTION date must be specific and cannot be more than five busine of filing.)
LE V: Effective date, if offective date is listed, the or 90 days after the date REQUIRED SIGNATUR	her than the date of filing: (OPTION date must be specific and cannot be more than five busine of filing.)
LE V: Effective date, if offective date is listed, the or 90 days after the date REQUIRED SIGNATUR Signature (In accordance with constitutes an affirm a ware that an	her than the date of filing: date must be specific and cannot be more than five business of filing.) RE: of a member or an authorized representative of a member. the section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if of fective date is listed, the or 90 days after the date REQUIRED SIGNATUR Signature (In accordance with constitutes an affirm aware that an aconstitutes a third	date must be specific and cannot be more than five business of filing.) RE: Of a member or an authorized representative of a member. The section 608.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. Or y false information submitted in a document to the Department of State

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)