L13000/08627

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Marie)
(David and Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900250229649

07/31/13--01014--020 **155.00

13 JUL 31 AM 10: 48

NUG - 1 2013 T. HAMPTON

COVER LETTER

TO: Registration Division of C		
SUBJECT:	ARTIN SPORTS CA	AR CLUB L. L.C
	Name of Limit	ted Liability Company
		•
The enclosed Articles	of Organization and fee(s) are	submitted for filing.
Please return all corres	spondence concerning this mat	ter to the following:
	BEN C. T.	WRNETZ Name of Person
		Name of Person
بر	TARTIN SPORTS	CAR CLUB
		Firm/Company
	515 AVIANWA	V
	<u> </u>	Address
	DELTONA FL	ORIOA 32725 ty/State and Zip Code
	Cit	ry/State and Zip Code
	207110110	CARA COM
	E-mail address: (to be used	SMAIL · COM for future annual report notification)
For further information	concerning this matter, please	e call:
9		
DEN C.	CIR NEX	at (386) 574-5555 Area Code & Daytime Telephone Number
Name	e 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	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

ARTICLE I - Name:			
The name of the Limited Liability Company is	•		
- no mand or the Emilion Emerity Company to	•		
MARTIN SPORTS CAI	2 CLUB LLC." or "LLC.")		
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")		
ADTICLE II Adduses			
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability	Comp	anar io:
the maning address and street address of the p	incipal office of the Emilied Elaothty	Compa	anty 15.
Principal Office Address:	Mailing Address:		
A			
DEZTONA, FL	SAME	_	
DEZTONA, FL		_	
32725			
A TRANSPORTED THE TRANSPORTED TO THE TRANSPORTED TO THE TRANSPORTED THE TRANSPORTED TO THE TRANSPORTED TRANSPORTED THE TRANSPORTED THE TRANSPO	1.000 - 0. De 1.4 - 1.4 43 - 61	4	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regis			
business entity with an active Florida registration.)	solve rigerii voa mast accignite ait marviaan ot a	10111-01	
The many and the Floride street address of the			
The name and the Florida street address of the	registered agent are:		
Ben C.T.	HENETE		
Name	HENER		
1			
1515 AVII	AN WAY idress (P.O. Box NOT acceptable)		
Florida street ad	idress (P.O. Box <u>NOT</u> acceptable)		
DOZTONA	FL 32725 tate, and Zip		
City, S	tate, and Zip		
77			1114
Having been named as registered agent and to liability company at the place designated in			
registered agent and agree to act in this capa			
all statutes relating to the proper and comple			•
and accept the obligations of my position as re			
and accept the conganons of my position ac-	-ganeral again as pronues jor in enaps		,
7 1-			
Oen (!. /	um		
Registered Agent's Signa	ature (REQUIRED)		
		끖	NE
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	VE IEI TO	<u></u>	33.5 34.5 34.5 34.5 34.5 34.5 34.5 34.5
(CONTIN	NUED)	3 JUL 3	<u>¥</u> ह
75. d. 6	•	<u>ယ</u>	목장도
Page 1 of	L		3-4m

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	per
MGRM	MICKEY GAULDIN 13220 SUGARBLUFF ROAD CLERMONT, FL 34715
MGRM	MIKAEL EDSTROM 3864 EMERALD ESTATES CIRCLE APOPKA, FL 32703
MGRM	BEN C. TURNER 1515 AVIAN WAY DELTONA, FL 32725
<u>MGRM</u>	KIM DEBOWER 2233 PALM VIEW DRIVE APOPKA, FL 32712
(Use attachment if necessary)	,
	r than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business d filing.)
REQUIRED SIGNATURE	:
Signature of	a member or an authorized representative of a member.
(In accordance with seconstitutes an affirma	ection 608.408(3), Florida Statutes, the execution of this document stion under the penalties of perjury that the facts stated herein are true.

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)

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.)

Article IV – Manager(s) or Managing Members

Title: Name and Address

MGRM Steve Pierce

630 S. Volusia Avenue

Orange City , FL 32763