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(Re	equestor's Name)			
(Ac	idress)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			

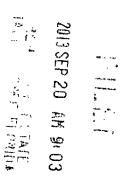
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Effective Date 9-27-13

09/06/13--01011--018 **155.00



SEP 20 2013

COVER LETTER

Registration Section

Division of	Corporations		•	
SUBJECT:	MACK	MOTOR SP	PORTS LLC.	
		Name of Limited	Liability Company	
The enclosed Article	es of Organization	on and fee(s) are su	bmitted for filing.	
Please return all cor	respondence cor	ncerning this matter	to the following:	
	DONNA	MCCOr	mack	
		N	ame of Person	
•	MACK	MOTOR	SPORTS LLC.	
<u> </u>		F	SPORTS LLC.	
	25N/	VIIALIA	AVE	
***************************************	2304	THUMHA	AVE Address	
	THE	VILLA6E	S FL 32162	
		City/	State and Zip Code	
	Donna	· MCCOVMAC	K & YA HOO · COM future annual report notification)	
	E-mail ac	ddress: (to be used for	future annual report notification)	
For further informa	tion concerning	this matter, please of	call:	
DONACA	MECO	rm ACIL	at (239) <i>850</i> -	6128
N	ame of Person		at (239) 850 - Area Code & Daytime Telep	hone Number
Enclosed is a chec	ck for the follo	wing amount:	,	
\$125.00 Filing Fee		Filing Fee & cate 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)
	Registrate Division P.O. Box	Address tion Section of Corporations x 6327 see, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:
MACK MOTOR S	ability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited Li	ability 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:
Principal Office Address:	Mailing Address:
2504 YALAHA AVE THE VILLAGES FL 32162	2504 YALAHA AVE THE VILLAGES FL 32162
THE VITIAGES TL SCIEL	THE VILLAGES FL 32162
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Downg Name 1504 YALL Florida street	McCormack 20

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)

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 "MGRM" = Managing Member	Name and Address:
MGRM	DONNA MCCORMACK 2504 YALAHA AVE THE VILLAGES PL 32167
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da	ate of filing: <u>09-22-20/3</u> . (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member of	or an authorized representative of a member.
constitutes an affirmation under th	08(3), Florida Statutes, the execution of this document be penalties of perjury that the facts stated herein are true. State of perjury that the Department of State is provided for in s.817.155, F.S.)
- Down Typed	d 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)