

L13000169152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

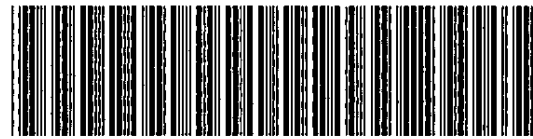
(Business Entity Name)

(Document Number)

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2013 DEC -4 PM 12:17  
TALLAHASSEE COUNTY

B. BOSTICK  
DEC - 6 2013  
EXAMINER

**TROIANO & ROBERTS, P.A.**

ATTORNEYS AT LAW

317 S. TENNESSEE AVENUE  
LAKELAND, FLORIDA 33801-4617

D. A. TROIANO (1929-2005)  
CLYDE L. ROBERTS (1927-1971)

VICTOR J. TROIANO  
NICHOLAS J. TROIANO  
LAURIANE CICCARELLI

REPLY TO:  
P. O. DRAWER 829  
LAKELAND, FLORIDA 33802-0829  
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November 26, 2013

Florida Department of State  
Division of Corporations  
Corporate Filings  
409 E. Gaines Street  
Tallahassee, Florida 32399

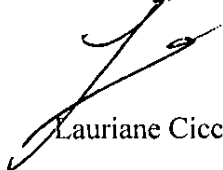
Re: Stein Racing, LLC  
Our File No.: 2013-0713

Dear Sirs:

Enclosed please find the original and one copy of the Articles of Organization for the above named entity. After filing, please return a certified copy of the Articles to my office as soon as possible. I have also enclosed a check in the amount of \$155.00 to cover your filing fees, registered agent fee and the cost of obtaining a certified copy.

Thank you for your assistance in this matter. Should you have questions or comments, please contact our office.

Sincerely,



Lauriane Ciccarelli

LAC/mpb

Enclosures

MAILED  
2013 DEC -4 PM 12:11

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The Name of the Limited Liability Company is: STEIN RACING, LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company are:

a: Mailing Address: 4971 Traditions Drive, Lakeland, Florida 33812

b: Street Address: 4971 Traditions Drive, Lakeland, Florida 33812

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

\_\_\_\_\_  
Paul F. Stein

Name

\_\_\_\_\_  
4971 Traditions Drive

Florida street address (Post Office Box **NOT** acceptable)

\_\_\_\_\_  
Lakeland, Florida 33812

City, State and Zip

*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

**ARTICLE IV – Management (Check applicable box)**

The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.



\_\_\_\_\_  
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.)

\_\_\_\_\_  
Paul F. Stein

Typed or printed name of signee

TALLAHASSEE COUNTY FLORIDA  
2013 DEC -4 PM 12:17

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Registered Agent's Signature

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The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.



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(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.)

Paul F. Stein

Typed or printed name of signee

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 2012 DEC -4 PM 12:17