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EFFECTIVE DATE

COVER LETTER

TO:	Registration Section Division of Corporations		
CHINIE	ECT: MannUp Road Ra	cing, LLC	
SUBJE		d Liability Company	
The end	nclosed Articles of Organization and fee(s) are s	ubmitted for filing.	
Please	return all correspondence concerning this matte	er to the following:	
	Ben Bollinger, Esqu	uire	
		Name of Person	
		Firm/Company	
	P.O. Box 1788		
		Address	
	Panama City, FL 3	32402	
	•	State and Zip Code	
	benbollinger@bellsouth.ne E-mail address: (to b	e used for future annual report notification	n)
For fur	rther information concerning this matter, please	call:	
Bei	n Bollinger, Esq. at 85	763-8003	
		ea Code Daytime Telephone Number	<u> </u>
Enclose	sed is a check for the following amount:		
\$125.0	00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}	Certified Copy Certifical Copy is enclosed)	O Filing Fee, cate of Status & d Copy all 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	14 JAN -7 SECRETARYS TALLAHASSI

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION	NFOR FLORIDA EIMFTED LIABILITY C	UMPANY
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
MannUp Road Racing, LLC		
(Must end with the words "I	Limited Liability Company, "L.L.C.," or	r "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the prin	cipal office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
315 East 4th Street	P.O. Box 1788	
Panama City, FL 32401	Panama City, FL 32402	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg	its own Registered Agent. You must despiration.)	
The name and the Florida street address of the reg	gistered agent are:	
Ben Bollinger, Esquire		
	Name	
315 East 4th Street		
	O. Box NOT acceptable)	
<u>Panama Citv</u> City	FL 32401 Zip	
City	Ζip	
Having been named as registered agent and to ac the place designated in this certificate, I hereb capacity. I further agree to comply with the pro of my duties, and I am familiar with and accept	y accept the appointment as registered a visions of all statutes relating to the prop	gent and agree to act in this per and complete performance
Registered Agent'	s Signature (REQUIRED)	
(CO	NTINUED)	SEC TALL
P	age 1 of 2	FILED JAN -7 EI II 20 REINGE SSIAIS Allasse Filais

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Amy Marie Mann
	P.O. Box 1788
	Panama City, FL 32402
AMBR	Ben Bollinger
	P.O. Box 1788
	Panama City, FL 32402
-	
fective date is listed, the date must be of filing.)	date of filing: 1/6/14 (OPTIONAL) De specific and cannot be more than five business days prior to or
LE V: Effective date, if other than the	date of filing: 1/6/14 (OPTIONAL) ne specific and cannot be more than five business days prior to or
LE V: Effective date, if other than the fective date is listed, the date must be of filing.)	date of filing: 1/6/14 (OPTIONAL) De specific and cannot be more than five business days prior to or
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