

L14 0000 10358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

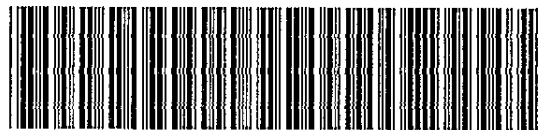
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Replacement articles submitted.
Original articles were not
archived. This is a new
set provided by the LLC

SP 10/28/14

Office Use Only



200255570242

01/15/14--01003--011 **125.00

FILED

Jan 15, 2014 08:00 AM

Secretary of State

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Turn 1 Autosport, 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:

Randy Almerda
Name of Person

Firm/Company

6530 Kendale Lakes drive #1301
Address

Miami, FL 33183
City/State and Zip Code

tda.trader438@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randy Almerda at (786) 261 4558
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

FILED
Jan 15, 2014 08:00 AM
Secretary of State

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Turn 1 Autosport, LLC
(Must end with the words "Limited Liability 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:

~~6530 Kendale Lakes Dr. #1301~~ 6530 Kendale Lakes Dr. #1301
~~Miami, FL 33183~~ Miami, FL 33183
Miami, FL 33183

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Randy Almeida
Name
6530 Kendale Lakes Dr. #1301
Florida street address (P.O. Box **NOT** acceptable)
Miami FL 33183
City 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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

<u>MGR</u>	<u>Randy Almeida</u> <u>6550 Wendale Lakes Dr. #1301</u> <u>Miami, FL 33183</u>
<u>MGR</u>	<u>Reinaldo Almeida</u> <u>6550 Wendale Lakes Dr. #1301</u> <u>Miami, FL 33183</u>
<u>MGR</u>	<u>Carlos Mender</u> <u>4241 NW 5th</u> <u>MIAMI FL 33126</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Randy Almeida

Typed 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)