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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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TALL ANN SEPT FLORIDA

MAY 0 5 2014 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PINNACLE RACING Name of Lin	STABLE 26 LLC mited Liability Company
The enclosed Articles of Organization and fce(s) a	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Adam LAZAR	ius
	Name of Person
Pinnacle RAcio	6 Stasle 26 LLC Firm/Company
19601 E. COUNTRY	Club Dr Apt #304 Address
Aventura-FL	33180
Aventura - FL Pinnacleracingstasle E-mail address: (to be use	City/State and Zip Code Complete Com d for future annual report notification)
For further information concerning this matter, ple	
,	
Adam Lazarus at (305 334-9098
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\text{Certificate of Status}\$	S155.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Pinnacle Racing Stasle 20 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: 19601 E. County Club D. Wildurg 19601 E. County Club D. Apt 304 Augustura FL 33180 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: Adam LAZAPUS Name 19601 E. Country Clus Dr # 304 Florida street address (P.O. Box NOT acceptable) Alentura FL 33/80 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) Page 1 of 2 APR 30 M

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Adam hazarus
	19601 E. COUNTRY CLUB DN #
	Aventura-FL 33180
ctive date is listed, the date must be s	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 o
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