

L14000151555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

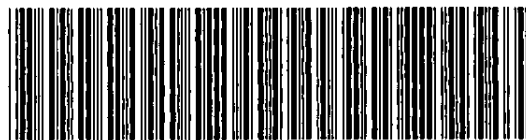
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400264358974

09/26/14--01006--015 \*\*155.00

RECEIVED  
CLERK OF SUPERIOR  
COURT  
ALABAMA  
SEP 26 2014

2014 SEP 26 PM 2:28

FILED

RECEIVED  
DEPARTMENT OF STATE  
14 SEP 26 AM 11:20

SEP 29 2014  
D. BRUCE

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TRAC PROPERTY LLC

Signature \_\_\_\_\_

Requested by: SETH

09/26/14

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

2014 SEP 26 PM 2:28

FILED

STATE OF FLORIDA  
TALLAHASSEE

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **TRAC PROPERTY 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:**

**9900 MULLER ROAD  
FORT PIERCE, FL 34945**

**Mailing Address:**

**9900 MULLER ROAD  
FORT PIERCE, FL 34945**

**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:

**CONNIE J. GRACE**

Name

**9900 MULLER ROAD**

Florida street address (P.O. Box NOT acceptable)

**FORT PIERCE**

City

**FL**

State

**34945**

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

FILED  
2014 SEP 26 PM 2:28  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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 & Address:**

**Authorized Member:**

CONNIE J. GRACE  
9900 MULLER ROAD  
FORT PIERCE, FL 34945

**Authorized Member:**

9900 MULLER ROAD  
2515 S 13<sup>th</sup> STREET  
FORT PIERCE, FL 34945

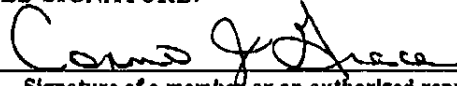
(Use attachment if necessary)

**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.8170155, F.S.)

**CONNIE J. GRACE**

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)

FILED  
2014 SEP 26 PM 2:28  
CLERK OF STATE  
TALLAHASSEE FLORIDA