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(Re	equestor's Name)	
(Ad	dress)	
OA)	dress)	•
(Cil	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
		·
(Do	ocument Number)	
Certified Coples	Certificates	s of Status
Special Instructions to	Filing Officer	
Openial Moderno to	Timing Citizen	
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Office Use Only

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OCT 14 2014

S. YOUNG

EFFECTIVE DATE

AR	TICLESOFORGANIZATION	FOR FLORIDA LIMITED LIABII	JTY COMPANY	
ARTICLE I - Name: The name of the Limit	ed Liability Company is:			:
Off The Grid Racing	, LLC			!
(Must end with the words "Li	mited Liability Company, "L.L.	C.," or "LLC.")	
ARTICLE II - Addre The mailing address a	****	ipal office of the Limited Liabil	ity Company is:	i
Principal Office Add	ress:	Mailing Address:		. !
1008 Calico Jack C Cudjoe Kev. FL 330		1008 Calico Jack Ci Cudioe Key, FL 330		
(The Limited Liability another business entit	Company cannot serve as its y with an active Florida regis			dividual or
The name and the Flor	rida street address of the regi	stered agent are:		
	David Loyd Shuman			1
	·	Name		!
	1008 Calico Jack Circle Florida street address (P.C	D. Box NOT acceptable)		-
	Cudjoe Key	FL 33042		
	City	Zip	 ;	-2
the place designate capacity. I further a	ed in this certificate, I hereby gree to comply with the provi am familiar with and accept t	ept service of process for the abo accept the appointment as regis sions of all statutes relating to the the obligations of my position as Chapter 605, F.S	tered agent and ag he proper and comp	ree to act in this plete performance

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MBR	David Lovd Shuman
	1008 Calico Jack Circle
	Cudioe Key, FL 33042
AMBR	Daniel Erik Wise
	202 Luella Ct. Apt #2
	DeLand, FL 32720
V: Effective date, if other than the da	te of filing: <u>October 1, 2014</u> , (OPTIONAL) pecific and cannot be more than five business days prior to or
EV: Effective date, if other than the da ctive date is listed, the date must be s f filing.)	te of filing: October 1, 2014 (OPTIONAL)
CV: Effective date, if other than the dactive date is listed, the date must be s filling.)	te of filing: October 1, 2014 (OPTIONAL)
CV: Effective date, if other than the dative date is listed, the date must be so filling.) CVI: Other provisions, if any.	te of filing: October 1, 2014 (OPTIONAL)
V: Effective date, if other than the dative date is listed, the date must be so filing.) VI: Other provisions, if any.	te of filing: October 1, 2014 (OPTIONAL)
ctive date is listed, the date must be so filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a n (In accordance with section to constitutes an affirmation under a management of the constitutes and affirmation under a management of the constitutes and affirmation under th	te of filing: October 1, 2014 (OPTIONAL)
CV: Effective date, if other than the dative date is listed, the date must be so filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnitude of	nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
V: Effective date, if other than the dative date is listed, the date must be so filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a not constitutes an affirmation under a management of the constitutes at third degree feloristic data any false inforcement and degree feloristic data and degree	nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)

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