U4000175518

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
		ř
		i

Office Use Only



800263155668

09/30/14--01012--020 **138.00

2014 SEP 30 AM RE 37
SECHRIARY OF STATE
TALL THANSSES FLOWING.

NOV 1 3 2014

T CLINE

COVER LETTER

	tration Section on of Corporations		
SUBJECT: _	Alvarado Name of Lin	Racing, LLC nited Liability Company	
The enclosed A	articles of Organization and fee(s) ar	re submitted for filing.	
Please return al	l correspondence concerning this m	atter to the following:	
_	Rôbert	Name of Person	
		Name of Person	
	Alu	larado Racing, LLC Firm/Company	20 S
•		Firm/Company	-CR
	12400	Sw 128*Street #	200 ETT 1 1 TT
		Address	
	20	. / 1 ====	
· · · · ·		i Florida 38186	F. C. S. T.
			 .
-	E-mail address: (to be use	d for future annual report notification)	
For further info	ormation concerning this matter, ple	ase call:	
<u> Nels</u>	Name of Person	757) 660-7465 Area Code Daytime Telephon	ne Number
Enclosed is a c	heck for the following amount:		
□ \$125.00 Filing	Fee S130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	160.00 Filing Fee, Certificate of Status & Certified Copy ditional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Registration Section Division of Corporations	Division of Corporations	
	P.O. Box 6327 Tallahassee, PL 32314	Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rele

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Alvarach	Racing, LLC
	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12400 SW 128th St #4	12400 SW 128th 54744
- 15 kg florida	73186
ARTICLE II) - Registered Agent, Registered C (The Limited Liability Company cannot serve as a another business entity with an active Florida reg	its own Registered Agent. You must designate an individual or 🔏 👚
The name and the Florida street address of the reg	
Kobe-	Name Name
124an Su	Name Name #4
Florida -tct -dd (D	O. Box NOT acceptable)
riorida street address (P.	· ·
Miami	FL 33/86 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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	0 1 1 4 1 -	
HANBE	1200 to Awared St.	
	Mign. Florida 33686	
A a .?		
AMBR	Notion Awards Se.	
	14511 Centerille, UA	<u>. </u>
•	- 3001	
-		
•		
) I	型。 23
		变型 经。
•		च्या प
(Use attachment if necessary)		P 30
	the date of films. IAII/III	
CLE V: Effective date, if other than	the date of filing: ///// ast be specific and cannot be more than five husiness days pri	IAL) SI 38
CLE V: Effective date, if other than	the date of filing:	IAL) SI 38
CLE V: Effective date, if other than effective date is listed, the date mute of filing.)		IAL) ST AB or to or 90 days
CLE V: Effective date, if other than effective date is listed, the date my		IAL) Signature or to or 90 days
CLE V: Effective date, if other than effective date is listed, the date mute of filing.)		IAL) ST AB or to or 90 days
CLE V: Effective date, if other than effective date is listed, the date mute of filing.)		IAL) ST AB or to or 90 days
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) CLE VI: Other provisions, if any.		IAL) ST AB or to or 90 days
CLE V: Effective date, if other than effective date is listed, the date mute of filing.) CLE VI: Other provisions, if any.		IAL) ST AB or to or 90 days
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) CLE VI: Other provisions, if any.		IAL) ST AB or to or 90 days
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ast be specific and cannot be more than five business days price of a member or an authorized representative of a member.	IAL) III AB or to or 90 days
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with se	e of a member or an authorized representative of a member.	or to or 90 days
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with seconstitutes an affirmat	e of a member or an authorized representative of a member.	or to or 90 days
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat I am aware that any fa	e of a member or an authorized representative of a member.	or to or 90 days
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat I am aware that any fa	of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this detion under the penalties of perjury that the facts stated herein are lise information submitted in a document to the Department of Stree felony as provided for in s.817.155, F.S.)	or to or 90 days
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat I am aware that any fa	of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this detion under the penalties of perjury that the facts stated herein are lise information submitted in a document to the Department of Stree felony as provided for in s.817.155, F.S.)	or to or 90 days
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat I am aware that any fa	of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this detion under the penalties of perjury that the facts stated herein are use information submitted in a document to the Department of S	or to or 90 days

Page 2 of 2