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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2015

ADAM LAZARUS 19601 E COUNTRY CLUB DR #304 AVENTURA, FL 33180

SUBJECT: PINNACLE RACING STABLE 32 LLC

Ref. Number: W15000027851

We have received your document for PINNACLE RACING STABLE 32 LLC and your check(s) totaling \$500.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 815A00007968

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

Division of Corporations		
SUBJECT: PINNACLE RACING STABLE 32		
Name of Lin	mited Liability Company	
The enclosed Articles of Organization and fee(s) at	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
ADAM LAZARUS		
	Name of Person	
PINNACLE RACING STABLE 32 L		<u>.</u>
	Firm/Company	
19601 E COUNTRY CLUB DR # 3		
	Address	
AVENTURA, FL 33180		
	City/State and Zip Code	
PINNACLERACINGSTABLE@HOTMAIL E-mail address: (to be used	.COM d for future annual report notification)	
For further information concerning this matter, plea	ase call:	
ADAM LAZARUS at (;		
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
☑ \$125.00 Filing Fee	□\$155.00 Filing Fee & □\$160.00 Filing □ Certified Copy (additional copy is enclosed) □\$160.00 Filing □ Certificate of St Certified Copy (additional copy is	atus &
Mailing Address Posistration Service	Street/Courier Address Projection Section	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

PINNACLE RACING STABLE 32 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:

Prin	cinal	Office	Add	ross:

Mailing Address:

19601 E COUNTRY CLUB DR # 304 AVENTURA, FL 33180 19601 E COUNTRY CLUB DR # 304 AVENTURA, 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 LAZARUS

Name

19601 E COUNTRY CLUB DR # 304

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

AVENTURA

FL

33180 Zip

City

State

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..

Beginered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 MAY -7 PM 4:55

(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) (OPTIONAL) (OPTIONAL) (If the date instructed in this block does not meet the applicable statutory filing requirements, this date will not be sument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with Rection 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. If am aware that any false information submitted in a document to the Department of State and State constitutes a third degree felony as provided for in s.817.155, F.S.) ADAM LAZARUS Typed or printed name of signee Filling Feest:	Title: "AMBR" = Authorized Member	Name and Address:
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