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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FILED May 07, 2015 08:00 AM Secretary of State

## **FILED** May 07, 2015 08:00 AM **Secretary of State**

ARTICLESOR	ORGANIZATIONFOR	FLORIDA LIMITE	D LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		
PINNACLE RACIN (Must end		d Liability Compar	ıy, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	Idress of the principal o	office of the Limite	d Liability Company is:
Principa	al Office Address:		Mailing Address:
19601 E COUNTRY AVENTURA, FL 33			SOLE COUNTRY CLUB DR # 304 /ENTURA, FL 33180
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent	ent's Signature: . You must designate an individual or
The name and the Florida street a	address of the registere	d agent are;	
	ADAM LAZARUS		
		Name	
	19601 E COUNTRY		
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)
	AVENTURA	FL	33180
	City	State	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 May 07, 2015 08:00 AM Secretary of State

ARTICLE IV-

"AMBR" = Manager MOR  ADAM LAZARUS 19601 E COUNTRY CLUB DR #304 AVENTURA, FL 33180  (Use attachment if necessary)  E.V. Effective date, if other than the date of filing:  (OPTIONAL)  feetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 do filling)  fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E.VI: Other provisions, if any.  REOURED SIGNATURE:  Signapure of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statues, the execution of this documer constitutes an attirmation 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.817.155, F.S.)  ADAM LAZARUS  Typed or printed name of signee  Filing Fees;  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Title:		Name and Address:
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