(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
(2000)	
Codification of Chapter	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
	_

Office Use Only



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PM 2: 25

MAY 1.9 2015 J. HARRIS

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	92 POWE	RSPORTS mited Liability Company	·····
	Name of En	miles bisomy company	•
The enclose	d Articles of Organization and fee(s) a	re submitted for filing.	
Please return	n all correspondence concerning this m	natter to the following:	
	David [Deese Jr	
		Name of Person	
_	:	V/A	
3 -		Firm/Company	
_	1272 D	ixie Dr.	
		Address	•
	Aubu	indale Florida	33823
-		City/State and Zip Code	
	Udeese 1993	3@aol.com	
	E-mail address: (to be use	d for future annual report notifica	tion)
For further is	nformation concerning this matter, ple	ase call:	
Davi	Name of Person at (45 ephone Number
Enclosed is	a check for the following amount:		
□ \$125.00 Fili	ing Fee \$\square\$\$\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Addr	ess
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporat Clifton Building	tons
	Tallahassee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
92 Powersports LLC		
(Must end with the words "Limited L	iability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability (Company is:
Principal Office Address:	Mailing Address:	
3711 \$115 Huy 92 East labeland, FL 39801	1262 Dixie Dr. A	Auburadole,
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must o	
The name and the Florida street address of the registered a	gent are:	
Name		•
1272 Dixic Dr But Florida street address (P.O. Box 1	mandaki EL 388 NOT acceptable)	\$ S
Auburndak	FL 33823	
City	Zip	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter Registered Agent's Signature.	he appointment as registered all statutes relating to the pr ations of my position as regi 605, F.S	l agent and agree to act in this oper and complete performance
(CONTINUE)	D)	2015 SE TAL
Page 1 of 2		FILED 2015 MAY 18 PM 2: 25 SEURETARY OF STAIL TALLAHASSEE, FLORID

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Memb	6
MGR" = Manager	David Dasse Jr
1:10-11	1272 Dixie Dr Auburndale FL
	33823
··· · · · · · · · · · · · · · · · · ·	
•	
se attachment if necessary)	
	N/A
Use attachment if necessary) V: Effective date, if other th	
V: Effective date, if other th	an the date of filing: N/A (OPTIONAL) nust be specific and cannot be more than five business days prior to or 9
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V: Effective date, if other the tive date is listed, the date is filing.)	
V: Effective date, if other th	nust be specific and cannot be more than five business days prior to or 9
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V: Effective date, if other the tive date is listed, the date is filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature (In accordance with constitutes an affirm	re of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true.
V: Effective date, if other the tive date is listed, the date is filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signatu (In accordance with constitutes an affirm I am aware that any	re of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State
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