

LISODD128260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

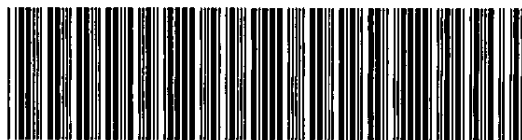
Special Instructions to Filing Officer:

Office Use Only

WISODV4401

JUL 29 2015

T. SCOTT



000273843040

06/15/15--01040--002 **160.00

15 JUL 27 AM 8:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2015

RECEIVED JUL 27 2015

RICHARD SMITH
POMPANO BEACH MOTOR SPORTS LLC
550A - NE 27 STREET
POMPANO BEACH, FL 33064

SUBJECT: POMPANO BEACH MOTOR SPORTS LLC
Ref. Number: W15000044011

We have received your document for POMPANO BEACH MOTOR SPORTS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return 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) 245-6052.

Tyrone Scott
Regulatory Specialist II

Letter Number: 815A00014575

COVER LETTER

ATTN: Mr. Scott
Changes to LLC registration

TO: Registration Section
Division of Corporations

SUBJECT:

Pompano Beach Motorsports
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Everett Galloch
Name of Person

Pompano Beach Motorsports
Firm/Company

550 NE 27th St Suite A
Address

Pompano Beach FL 33064
City/State and Zip Code

info @ pompanobeachmotorsports.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Everett at (561) 316-0696
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

(Amended) *

- ☐ \$125.00 Filing Fee ☐ \$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)

* Payment made
By check

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pompano Beach Motorports 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:

Principal Office Address:

550 NE 27th St. Suite A
Pompano Beach FL
33064

Mailing Address:

265 S. Federal Hwy #413
Deerfield Beach FL
33441

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:

Errett Gallogly
Name
265 S. Fed. Hwy #413
Florida street address (P.O. Box **NOT** acceptable)
Deerfield Bch. FL 33441
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

EVERETT GALLOGLY
865 S. Federal Hwy #413
Deerfield Bch, FL 33441

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

EVERETT GALLOGLY

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Notice to this filing : Richard Smith will no longer
Be included on this company due
to dismissing himself as partner
This is an Amended filing to the
Please Call if you have
questions : 561 316 0696