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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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EL TINE DATE

JAN ~ 5 2016

S. GILBERT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Treasure Coal Pacing L. 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:
Shephan CXUN Name of Person
Treasure Coal Racing Firm/Company
300 Edfrier Rb 102
North Palm Beach 7L33408
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stophoun Grain at (S6/) 258 20 74 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{Certificate of Status}\$\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
- I DEC 2
Must end with the words "Limited Liability Company "L. C." or "L. C." or "L. C."
(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:
The flatting address and street address of the principal office of the Elithica Elability Company is.
Principal Office Address: Mailing Address:

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:

Name

Name

Phorida street address (PO. Box NOT acceptable)

North Pam Bood FL 23408

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 Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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"MGR" = Mana	ger (Francia Grein	
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(Use attachment if necessary)			
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ARTICLE IV-

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