

L16000038051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

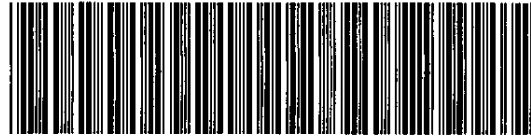
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1116-9941

MD 245

**ROBERTS & LAW, P.A.**

ATTORNEYS AT LAW  
POST OFFICE BOX 57  
250 S. MAIN AVENUE  
GROVELAND, FLORIDA 34736

TELEPHONE NUMBER: (352) 429-2183  
FAX NUMBER: (352) 429-3035

ARTHUR E. ROBERTS  
(1929-1997)

JULIA R. LAW

January 26, 2016

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Swamp Eaglz Motor Sports, LLC

Gentlemen:

Relative to the subject new limited liability company, enclosed please find the original and one copy of the articles of organization, which I would appreciate your filing and returning the copy to me certified.

Also enclosed is my trust account check in the amount of \$155.00, representing the \$100.00 filing fee, \$30.00, for certified copy, and \$25.00 for registered agent fee.

Thanking you for your assistance in this matter, I remain

Sincerely,

  
JULIA R. LAW

JRL/bs

Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2016

ROBERTS & LAW, P.A.  
ATTN: JULIA R. LAW  
P.O. BOX 57  
GROVELAND, FL 34736

SUBJECT: SWAMP EAGLZ MOTOR SPORTS, LLC  
Ref. Number: W16000009941

We have received your document for SWAMP EAGLZ MOTOR SPORTS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 516A00002789

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SWAMP EAGLZ MOTOR SPORTS, LLC  
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:

Julia R. Law

Name of Person

Roberts & Law, P.A.

Firm/Company

P.O. Box 57

Address

Groveland, FL 37436

City/State and Zip Code

julialaw@embarqmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia R. Law

352

429-2183

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &  
Certificate of Status

☒

*previously submitted*  
\$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**

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:

SWAMP EAGLE MOTOR SPORTS, 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:

14 South Carol Avenue  
Mascotte, FL 34753

Mailing Address:

P.O. Box 177  
Okahumpka, FL 34762

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:

Megraj A. Noronha

Name

14 South Carol Avenue

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

Mascotte

FL

34762

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)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Megraj A. Noronha

P.O. Box 177

Okahumpka, Florida 347362

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

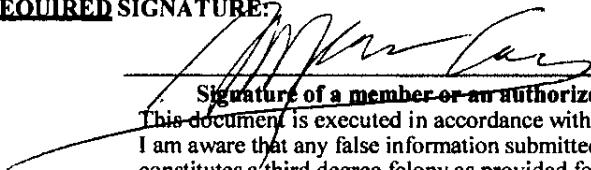
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

Megraj A. Noronha

Typed or printed name of signee

**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)