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· (Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	<u>-</u> .
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

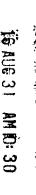
Office Use Only

SEP 0 9 2015. T. SCOTT



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COVER LETTER

Di	vision of Corporations
SUBJECT	PINK DIAMOND RACING LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	DANA INGRAM CROSS
	Name of Person
	Firm/Company
	7880 SE 129 PL
	Address
	SUMMERFIELD, FL 34491
	City/State and Zip Code
•	PINKDIAMONDRACINGLLC@YAHOO.COM
	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	DANA CROSS 352 426-2158 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	Siling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Mailing Address

TO:

Registration Section

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 Lia	ability Company is:		
PI	N DIAMOND RACING LL	C	
(Must	end with the words "Limited L	iability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and str	eet address of the principal off	ice of the Limit	ed Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
7880 SE 129 PL	,	78	880 SE 129 PL
SUMMERFIEL	D FL 34491	SU	JMMERFIELD FL 34491
another husiness entity with	tan active Florida registration treet address of the registered a	agent are:	t. You must designate an individual or
	DANA INGRAM CRO		
		Name	
	7880 SE 129 PL		
	Florida street address	(P.O. Box <u>NO</u> T	Cacceptable)
	SUMMERFIELD	FL	34491
		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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	DANA INGRAM CROSS
	7880 SE 129 PL
	SUMMERFIELD FL 34491
	
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.)	of filing: SEPTEMBER 1 2016 (OPTIONAL) ecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be spiffiling.) the date inserted in this block does not nuent's effective date on the Department E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.
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E V: Effective date, if other than the date ctive date is listed, the date must be spifiling.) the date inserted in this block does not need at effective date on the Department E VI: Other provisions, if any. TACHED OPERATING AGREEMENT REOUIRED SIGNATURE: Signature of a me This document is executed an aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. The state of an authorized representative of a member. The state of the statutes of the statutes of the state of the statutes.