## U700066787

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

	w Filing Section vision of Corporations				
SUBJECT	Pinnacle Racing Stable 41 LLC				
SUBSTICE		Limited Liabili	ty Company		
The enclose	ed Articles of Organization and fee(s)	) are submitted	for filing.		
Please retur	n all correspondence concerning this	matter to the fe	ollowing:		
	Adam Lazarus				
		Name of	Person		
	Pinnacle Racing Stable 41 LLC				
	Firm/Company				
	19601 E Country Club Dr # 304				
	Address				
	Aventura, FL 33180				
ļ	Pinnacleracingstable@hotmail.com	City/State and	1 Zip Code		
_		sed for future a	nnual report notification)		
For further in	formation concerning this matter, ple	ease call:			
	Adam Lazarus	305	336 9098		
	Name of Person	Arca Code	Daytime Telephone Number		
Enclosed is	a check for the following amount:				
\$125.00 Fi	ing Fee \$130.00 Filing Fee & Certificate of Status	└─¹Certifie	0 Filing Fee & \$\ \text{Certificate of Status & Certified Copy} \\ \text{ad Copy is enclosed} \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{array}		
	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

Pinnacle	Racing Stable 41 LLC	
	(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ICLE II - Add		
	and street address of the principal office  Principal Office Address:	of the Limited Liability Company is:  Mailing Address
mailing address		

The name and the Florida street address of the registered agent are:

Adam Lazarus		
	Name	
19601 E Country Cl	ub Dr # 304	
Florida street addres	ss (P.O. Box <u><b>NOT</b></u> ac	cceptable)
Aventura	FL	33180
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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SECRETARY OF STATE

## ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR - Manager MGR	Adam Lazarus
MOK	19601 E Country Club Dr # 304
	Aventura, FL 33180
***	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing	(ODTIONAL)
	d cannot be more than five business days prior to or 90 days after
the date of filing.)	u cannot be more than live business days prior to or 90 days after
	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.	
ARTICLE VI. Outer provisions, it any.	
A	<del>.</del>
REQUIRED SIGNATURE:	
REMINED SIGNATURE.	
Signature of a Comban	
Signature of a memoer of	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes.
	ation submitted in a document to the Department of State
constitutes a third degree felony	as provided for in a 400 union to the Department of State
constitutes a time degree felony a	as provided for in 5,017,133,1,3,
Adam Lazarus	
	or printed name of signee

as

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)