From 7188897420 1.718.889.7420 Thu Aug 10 09:06:20 2017 MDT Page 1 of 4

# lorida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000207585 3)))



H170002075853ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone

: (800)221-2972

Fax Number

: (888)692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Empil	Address:	
CIDAL	AUUI CSS.	

# FLORIDA LIMITED LIABILITY CO. EPIC RACING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	S125.00



August 10, 2017

# FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC

SUBJECT: EPIC RACING LLC

REF: W17000065488

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

SUBMITTED FORM FOR WRONG TYPE OF ENTITY,

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.

Carlos E Rico Regulatory Specialist II FAX Aud. #: H17000207585 Letter Number: 317A00016320

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	r ta	٦,	F I	. 8	am	<b>.</b> .

The name of the Limited Liability Company is:

EPIC RACING LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

Mailing Address:

3170 SOUTH OCEAN BLVD, UNIT 702S PALM BEACH, FLORIDA 33480 3170 SOUTH OCEAN BLVD, UNIT 702S PALM BEACH, FLORIDA 33480

## 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:

HARRIET SAWYER

Name

3170 SOUTH OCEAN BLVD, UNIT 702S

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

 PALM BEACH
 FL
 33480

 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..

(CONTINUED)

17 E18 10 AH 6: 36

MGR" ≃ Mana		Name and Address:
	norized Member	
AMBR	ger	HARRIET SAWYER
THEOLOGIC	<del></del>	3170 SOUTH OCEAN BLVD, UNIT 7028
		PALM BEACH, FLORIDA 33480
	<del></del>	
		**************************************
· · · · · · · · · · · · · · · · · · ·		
(Use attachment	• *	
LE V: Effective di ffective date is liste e of filing.) If the date inserted	ite, if other than the date of fired, the date must be specific in this block does not meet	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 da the applicable statutory filing requirements, this date will not be ate's records.
LE V: Effective da ffective date is listed of filing.) If the date inserted tument's effective to	ite, if other than the date of fired, the date must be specific in this block does not meet that on the Department of St	e and cannot be more than five business days prior to or 90 da the applicable statutory filing requirements, this date will not be
TLE V: Effective di ffective date is liste e of filing.) If the date inserted	ite, if other than the date of fired, the date must be specific in this block does not meet date on the Department of Stistions, if any.	e and cannot be more than five business days prior to or 90 da the applicable statutory filing requirements, this date will not be
LE V: Effective da ffective date is listed of filing.) If the date inserted nument's effective of LE VI: Other prov	ite, if other than the date of fired, the date must be specific in this block does not meet thate on the Department of Stations, if any.  BREEDING	e and cannot be more than five business days prior to or 90 da the applicable statutory filing requirements, this date will not be

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)