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12122023573 From: Kimberly Laughrey

8/28/2017

Division of Corporations

Florida Department of State  
 Division of Corporations  
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## FLORIDA LIMITED LIABILITY CO.

## Jax Racetrack LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY  
JAX RACETRACK LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is Jax Racetrack LLC.

**ARTICLE II - ADDRESS**

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

**Principal Office Address:**

11512 Lake Mead Avenue, Suite 534  
Jacksonville, FL 32256

**Mailing Address:**

11512 Lake Mead Avenue, Suite 534  
Jacksonville, FL 32256

**ARTICLE III - REGISTERED AGENT & REGISTERED OFFICE**

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

Rajesh Shetty M.D.  
11512 Lake Mead Avenue, Suite 534  
Jacksonville, FL 32256

**ARTICLE IV - MANAGEMENT**

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

**Title**  
MGR

**Name and Address**  
Rajesh Shetty, M.D.  
11512 Lake Mead Avenue, Suite 534  
Jacksonville, FL 32256

  
Rajesh Shetty, M.D., Member

17 AUG 28 AHJD:  
REGISTRY OF STATE  
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JAX RACETRACK LLC

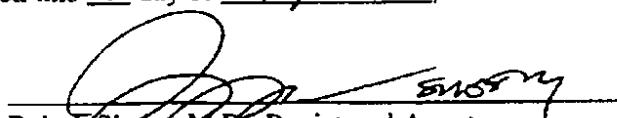
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*(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)*

**CERTIFICATE OF ACCEPTANCE OF DESIGNATION OF  
REGISTERED AGENT OF  
JAX RACETRACK LLC**

Having been named as initial registered agent and to accept service of process for Jax Racetrack LLC, a limited liability company organized under the laws of the state of Florida, at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of his position as registered agent as provided for in Chapter 605, F.S. The Registered Office is located at 11512 Lake Mead Avenue, Suite 534, Jacksonville, FL 32256.

IN WITNESS WHEREOF, the undersigned has caused this Certificate to be executed in Jacksonville, Duval County, Florida on this 25<sup>th</sup> day of August, 2017.

  
Rajesh Shetty, M.D., Registered Agent

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