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COVER LETTER

SUBJECT	Pinnacle Racing Stable 47 LLC		
Name of Limited Liability Company			
The enclos	ed Articles of Organization and fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning this matter to the following:		
	Adam Lazarus		
	Name of Person		
	Pinnacle Racing Stable 47 LLC		
	Firm/Company		
	19601 E Country Club Dr # 304		
	Address		
	Aventura, F1, 33180		
	City/State and Zip Code Pinnacleracingstable@hotmail.com		
-	E-mail address: (to be used for future annual report notification)		
for further i	nformation concerning this matter, please call:		
	Adam Lazarus 305 336 9098 at ()		
	Name of Person Area Code Daytime Telephone Number		
Enclosed is	s a check for the following amount:		
\$125,00 Fi			

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 - N	Name: Limited Liability Company is:			
Pinn	acle Racing Stable 47 LLC (Must contain the words "Limited	I Liability Company	valle "oralle")	
	(Must contain the words Thinnet	r maomity Company	y, Inthell of line.	
ARTICLE II - The mailing add	Address: lress and street address of the principal	office of the Limite	ed Liability Company is:	
	Principal Office Address:		Mailing Address:	
1960	19601 E Country Club Dr # Apt 304		19601 E Country Club Dr # 304	
	Aventura, FL. 33180		ventura, FL 33180	
(The Limited Li another busines	 Registered Agent, Registered Office ability Company cannot serve as its ow is entity with an active Florida registrat the Florida street address of the registere 	n Registered Agent ion.)		
	Adam Lazarus			
	- Additional Control of the Control	Name		
	19601 E Country C	lub Dr # 304		
	Florida street addre	ess (P.O. Box NOT	acceptable)	
	Aventura	FI.	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 sgept's Signature (REQUIRED)

(CONTINUED)

SECULLIARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGR	Adam Lazarus 19601 E Country Club Dr # 304		
	Aventura, FL 33180		
			
	——————————————————————————————————————		
	APR T		
	ASS T		
	- 6 A		
	To The Property of the Propert		
	_ <u>*</u> _		
·			
If an effective date is listed, the date must be since the date of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as t of State's records.		
REQUIRED SIGNATURE:	A 2		
This document is executed an aware that any false	nember or an authorized expresentative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.		
Adam Lazarus			
	Typed or printed name of signee		

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

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)

ARTICLE IV-