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(R	equestor's Name)
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TALLAHASSEE, FLORIDA

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## **COVER LETTER**

	New Filing Section Division of Corporations
SUBJEC	Pinnacle Racing Stable 46 LLC
NUBJEC	Name of Limited Liability Company
The encle	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Adam Lazarus
	Name of Person
	Pinnacle Racing Stable 46 LLC
	Firm/Company
	19601 E Country Club Dr # 304
	Address
	Aventura, FL 33180
	City/State and Zip Code Pinnacleracingstable@hotmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Adam Lazarus 305 336 9098 at ( )
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy} \text{Certified Copy is enclosed} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

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
Tallahassec, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ity Company is:				
Pinnacle Racing Sta		The state of the	and the second of the second o		
(Must con	tain the words "Limited	Lianinty Con	npany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	address of the principal of	office of the L	imited Liability Company is:		
Principal Office Address:  19601 E Country Club Dr # Apt 304  Aventura, FL. 33180			Mailing Address:  19601 E Country Club Dr # 304  Aventura, FL 33180		
ARTICLE III - Registered Ag (The Limited Liability Compan- another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration address of the registere	n Registered A on.)		individual or	
	Adam Lazarus	Name			
		rame			
	19601 E Country Cl				
	Florida street address (P.O. B		NOT acceptable)		
	Aventura	FL	33180		
	City	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	e, I hereby accept the approvisions of all statutes in bligations of my position	pointment as re relating to the as registered	egistered agent and agree to a proper and complete perform agent as provided for in Chap Signalary (REQUIRED)	act in this capacity. I ance of my duties, and I	

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

Title:	at action I Marie to an	Name and Address:			
	thorized Member				
"MGR" = Man MGR	ager	Adam Lazarus			
MOR	<del></del>	19601 E Country Club Dr # 304			
		Aventura, FL 33180			
		7.7011414, 7.7703.00			
	<del></del>				
<ul> <li>(Use attachmer</li> </ul>	nt if necessary)				
	e date on the Department of State'	applicable statutory filing requirements, this date is records.	will not	be liste	ed as
REQUIRED S	SIGNATURE:	<u> </u>			
	A A	( )			
•	Signature of a member of	r an authorized representative of a member.			
	This document is executed in ac	cordance with section 605.0203 (1) (b), Florida S	Statutes.		
				20	
	I am aware that any faise informa	ation submitted in a document to the Department		=	
				8	
	constitutes a third degree felony	ation submitted in a document to the Department as provided for in s.817.155, F.S.	E CANE		
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\$135 00 E:!:-	Adam Lazarus  Typed	as provided for in s.817.155, F.S.  I or printed name of signee  Filing Fees:	ECALTAI LLAHAS	APR-6	!
	Adam Lazarus  Typed  Typed  Typed  Typed  Typed  Typed  Typed	as provided for in s.817.155, F.S.  I or printed name of signee	ECALTARY OF S LLAHASSEE, FL	APR-6	!
\$ 30.00 Cer	Adam Lazarus  Typed	as provided for in s.817.155, F.S.  I or printed name of signee  Filing Fees:	ECHETARY LLAHASSE	APR -	!