

**LA5000203A16**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : SUPERBIZ.COM, INC.  
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Phone : (800)494-3124  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
BLOOD MONEY RACING LLC**

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 AUG 14 AM 7:39

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I NAME**

The name of the Limited Liability Company is:

BLOOD MONEY RACING LLC

**ARTICLE II ADDRESS**

The principal address of the Limited Liability Company is:

1640 VILLA CAPRI CIRCLE #309

ODESSA, FLORIDA 33556

The mailing address of the Limited Liability Company is:

PO BOX 972

TARPON SPRINGS, FLORIDA 34688

**ARTICLE III REGISTERED AGENT**

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

A1A REGISTERED AGENT INC.

5647 110TH AVENUE N

ROYAL PALM BEACH, FLORIDA 33411

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TALLAHASSEE, FL

*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.*

X /s/ Tina Maki  
TINA MAKI / Registered Agent's signature

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**ARTICLE IV AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER

JEREMY L SAUNDERS

PO BOX 972

TARPON SPRINGS, FLORIDA 34688

AUTHORIZED MEMBER

STEPHEN HARDY

PO BOX 972

TARPON SPRINGS, FLORIDA 34688

.....

X /s/ Jeremy L Saunders  
JEREMY L SAUNDERS / Authorized Representative's signature

*(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.)*

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