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(Req	uestor's Name)	
(Addı	ress)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
		
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COVER LETTER

TO:

New Filing Section

Division of Co	rporations		
	City Motorsports, LLC		
Sobabel:	Name of Lim	ited Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
Jesse C You	gblood		
		Name of Person	
		Firm/Company	
7971 Red B	arrow Road		
		Address	
Baker, FL 3	2531		
jesseyoungbl	Ci ood2@gmail.com	ty/State and Zip Code	
	E-mail address: (to be used	for future annual report notificati	on)
For further information co	oncerning this matter, please	call:	
Jesse C You	ngblood 850	0 603-4629	
Nar	······································	rea Code Daytime Telephon	e Number
Enclosed is a check for	the following amount:		,
□\$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Maili	ng Address	Street Address	2020) SECTAL

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
,	
Mountain City Motorsports, LLC	
(Must conatin the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ADTICLE H. Add	
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
The hanning address and street address of the principal office of the	Emilies Emonity Company to.
Principal Office Address:	Mailing Address:
7971 Redbarrow Road	7971 Redbarrow Road
Baker, FL 32531	Baker, FL 32531
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Julie R Landreth	
Name	
110 Eastern Street	
Florida street address (P.O. Box	NOT acceptable)

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..

Freeport

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FL 32439

Zip

State

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ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Jesse C Youngblood
<u></u>	7971 Redbarrow Road
	Baker, FL 32531
	
ffective date is listed, the date must be see of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
LE V: Effective date, if other than the da ffective date is listed, the date must be se of filing.)	specific and cannot be more than five business days prior to or 90 date the applicable statutory filing requirements, this date will not be
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