

H200001832213

Florida Department of State
 Division of Corporations
 Electronic Filing System

L200001832213

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001832213)))



H200001832213ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : DAVID C. HASTINGS, CPA, PA
 Account Number : I20000000168
 Phone : (727)322-0909
 Fax Number : (727)610-8595

SECRETARY OF STATE
 TALLAHASSEE, FL

2020 JUN 16 PM 5:07

FILED

2020 JUN 16 PM 4:36

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: DAVIDCPA@TampaBay.RP.COM

**FLORIDA LIMITED LIABILITY CO.
 SMURF ON THE TRACK, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

H200001832213

H200001832213

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SMURF ON THE TRACK, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:5502 15TH AVE SSAMEST PETERSBURG, FL 33707

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DAVID C HASTINGS, CPA

Name

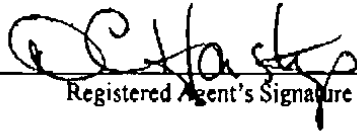
2207 54TH ST SFlorida street address (P.O. Box NOT acceptable)GULFPORTFL33707

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 Agent's Signature (REQUIRED)

(CONTINUED)

FILED

2020 JUN 16 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FL

H200001832213

H20 000 1837213

ARTICLE IV.-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

STEVEN WYNN
5502 15TH AVE S
ST PETERSBURG, FL 33707

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Healy

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

STEVEN WYNN

Typed or printed name of signee

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)

FILED
2020 JUN 16 PM 5:07
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

H 200001837213