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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

	New Filing Sec Division of Cor					2020
eun iez		MOTORSPORT	S, 1.1.C			7070 PEC -8
SUBJEC	.1:	Nan	e of Lim	ited Liabil	ity Company	
The enclo	osed Articles of	Organization and	ice(s) are	e submitted	for filing.	22 5
Please re	turn all correspo	ondence concerning	g this ma	tter to the f	ollowing:	
	KENNY FLO	OYD				
				Name of	Person	
				Firm/Co	mpany	
	3070 BUTLI	ER RIDGE RD.				
				Addr	ess	
	DELTONA,	FL 32738				
				-	d Zip Code	
		OTORSPORTS@			w v	
	F	E-mail address: (to	be used	for future a	nnual report notificat	ion)
For further	information co	ncerning this matte	r, please	call:		
	KENNY FLO	OYD	40 at (7	467-4275	
	Nam	e of Person	_ `	rea Code	Daytime Telephon	ie Number
Enclosed	is a check for the	he following amou	nt:			
	00 Filing Fee	■\$130,00 Filin Certificate of St	g Fee &	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address iling Section			Street Address New Filing Section D	ivision
	F3				Th - C CT-11-1-	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SAMSULA MOTO	RSPORTS, LLC			
(Must con	stain the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal of	office of the Limite	ed Liability Company is:	
Princi	pal Office Address:		Mailing Address:	
3070 BUTLER RID			3070 BUTLER RIDGE RD.	
DELTONA, FL 327	738	<u>DI</u>	ELTONA, FL 32738	
another business entity with an The name and the Florida street	active Florida registrati	on.)	t. You must designate an individual	or
another business entity with an	active Florida registrati t address of the registere KENNY FLOYD 3070 BUTLER RID	n Registered Agent on.) d agent are: Name	<u></u>	ог
another business entity with an	active Florida registrati t address of the registere KENNY FLOYD	n Registered Agent on.) d agent are: Name	<u></u>	ог
another business entity with an	active Florida registrati t address of the registere KENNY FLOYD 3070 BUTLER RID Florida street address DELTONA	n Registered Agent on.) d agent are: Name GE RD. ss (P.O. Box NOT	acceptable) 32738	ог
another business entity with an	active Florida registrati t address of the registere KENNY FLOYD 3070 BUTLER RID Florida street address	n Registered Agent on.) d agent are: Name GE RD. ss (P.O. Box <u>NOT</u>	acceptable)	ог

(CONTINUED)

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	
<u>MG</u>	KENNY FLOYD
	3070 BÜTLER RIDGE RD DELTONA, FL 32738
	DELTONA, FL 32738
	0 - 100 n 0 100 1
AMBR	DAVID ROWELL 140 N. JUNGLE RD.
	GENEVA, FL 32732
(Use attachment if necessary)	
,	
<u>ste:</u> If the date inserted in this block does not document's effective date on the Departm TICLE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records.
	
	
REQUIRED SIGNATURE:	
Signature of a	member or an authorized representative of a member.
	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes,
	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
KENNY FLO	DYD
	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 (Optiona	1)
\$ 5.00 Certificate of Status (Op	tional)

- \$ 5.00 Certificate of Status (Optional)