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.

(((H210003271713)))



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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146

Phone

: (305)444-4994

Fax Number

: (305)444-4977

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

Email	Address:		 	 	 _

FLORIDA LIMITED LIABILITY CO. SEAHAWK RACING TEAM LLC

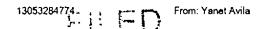
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

2021-09-01 18:45:31 GMT



2021 SEP - 1 PM 12: 22

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

E

,	SECRETARY OF STAT
ARTICLE I - Name:	TALLAHASSEE, FL
The name of the Limited Liability Company is:	

(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
he mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	
The mailing address and street address of the principal office Principal Office Address: 7175 SW 47 ST. Ste 206	Mailing Address: 7175 SW 47 ST, Ste 206

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:

Michelle L. Magluta	!	
	Name	
7175 SW 47 ST, Su	206	
Florida street addres	55 (P.O. Box <u>NOT</u> a	cceptable)
Miami	FL	33155
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited hubility company at the place designated in this vertificate. 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 Iam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

/s/ Wickells L. Magleta
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page; 4 of 4

<u>Title:</u> "AMBR" = A "MGR" = Ma	uthorized Member	Name and Address:			
AMBR	**	Michelle L. Magluta 7175 \$W 47 ST, Ste 206 Miami, FL 33155			
			SECRE TAL	onol SEP	
			WHYSEE.	-1 PH 12: 22	
ARTICLE V: Effectiv	ent if necessary) e date, if other than the date of t	Eling: (OPTION.AL)	FATE	22	
(If an effective date is the date of filing.) <u>Note:</u> If the date inser	listed, the date must be specif	ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not			
ARTICLE VI: Other p					
REQUIRED	SIGNATURE:	inhalla / Washita			
	This document is executed I am aware that any false in	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State iony as provided for in s.817.155, F.S.			
	Michelle L. Maghita	Speed 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)