

L21000 535 138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

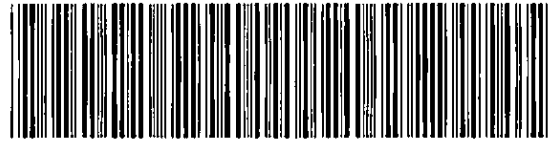
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700378622767

FILED

2021 DEC 29 PM 4: 08

SECRETARY OF STATE
TALLAHASSEE, FL

PROCESSED

2021 DEC 29 PM 3: 43

CLERK OF SUPERIOR COURT

1246

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 12/29/21

NAME: MAXIMUS RACING, L.L.C.

TYPE OF FILING: ARTICLES

COST: 130.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE *A Hodge*

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Maximus Racing, L.L.C.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessica D Brady

Name of Person

Firm/Company

5450 NW 100th Street

Address

Ocala, FL 34482

City/State and Zip Code

Jessicab@coppercityequinelle.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Brady

818

983-6412

at ()

Name of Person

Area Code

Daytime Telephone 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)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Maximus Racing L.L.C.

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

2021 DEC 29 PM 4: 08

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

5450 NW 100TH Street

Ocala, FL 34482

Mailing Address:

5450 NW 100TH Street

Ocala, FL 34482

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:

Paracorp Incorporated

Name

155 Office Plaza Drive, 1st Floor

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32301

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..

SEE ATTACHED

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

2021 DEC 29 PM 4: 08

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Jessica D Brady
5450 NW 100th Street
Ocala, FL 34482

AMBR

Patrick R Brady
16 Interstate Drive
Somersworth, NH 03878

AMBR

Informed Juniper Thoroughbreds LLC
5036 Dr Phillips Blvd
Orlando, FL 33819

(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:



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.

Jessica D Brady

Typed or printed name of signer

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)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

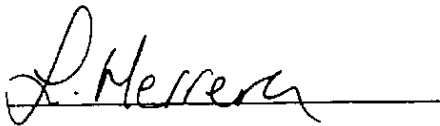
DATE: 12/27/2021

ENTITY NAME: Maximus Racing L.L.C.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Leticia Herrera, Assistant Secretary
Paracorp Incorporated

SECRETARY OF STATE
TALLAHASSEE, FL

2021 DEC 29 PM 4: 08

FILED