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.

(((H22000056200 3)))



1220000562003ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. To 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 : I2000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

C 4 1	Address			
-mail	DUULDEC.			

FLORIDA LIMITED LIABILITY CO. WOLF RACE CARS EAST, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	Г	IC	L	E	l	-	12	me	

The name of the Limited Liability Company is:

WOLF RACE CARS EAST, LLC

Page: 3 of 4

(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:

14842 SW 148th STREET CIR MIAMI, FL 33196 14842 SW 148th STREET CIR MIAMI, FL 33196

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:

MANUEL F. SANCHEZ

Name

14842 SW 148th STREET CIR

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

MIAMI

FL

33196

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..

Monuel Sanchez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager	61
AMBR	PETER GEORG EUGEN HELLEBRAND 520 GONDOLIERE AVE CORAL GABLES, FL 33143
AMBR	MANUEL F. SANCHEZ 14842 SW 148th STREET CIR MIAMI, FL 33196
	PM 12: 42
(Use attachment if necessary)	
n effective date is listed, the date n late of filing.)	an the date of filing:

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.

MANUEL F. SANCHEZ

Typed or printed name of signce

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)