

L220 0007 1388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

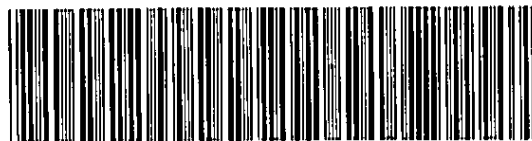
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

D. O'KEEFE

FEB 21 2022

**COVER LETTER**

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

**SUBJECT:** Millennium MotorSports, LLC  
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:

Carey Ugas

Name of Person

NCLL

Firm/Company

13790 Roosevelt Blvd., Suite A

Address

Clearwater, FL 33762

City/State and Zip Code

darlene@ncll.org

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

For further information concerning this matter, please call:

Carey Ugas

727

605-0129

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  
*Pursuant to s.605.0201, Florida Statutes*

ARTICLE I – Name:

The name of the Limited Liability Company is: Millennium MotorSports, LLC

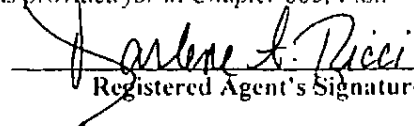
ARTICLE II – Principal Office Address:

7230 King Arthur Drive  
Port Richey, FL 34668

ARTICLE III - Registered Agent and Registered Office:

Darlene A. Ricci  
7230 King Arthur Drive  
Port Richey, FL 34668


*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

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

Title: AMBR  
Dakota Montana Montgomery  
7230 King Arthur Drive  
Port Richey, FL 34668

ARTICLE V - Effective Date: The effective date of the corporation shall be the date of filing.

  
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.

DAKOTA MONTANA MONTGOMERY  
Print Name

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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