

L22000073734

(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

*W2d unv29r*

T. SCOTT

FEB 22 2022



300378637403

01 03:22--0000--012 \*\*185.00

22 FEB 22 PM 12:43  
A A A A A A A A

M



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2022

KELLY HILLARD  
1620 S CARPENTER RD  
TITUSVILLE, FL 32796

SUBJECT: OPTIMUM PERFORMANCE RACING LLC  
Ref. Number: W22000002952

We have received your document for OPTIMUM PERFORMANCE RACING LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Fictitious name can not be converted to llc.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 222A00000700

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

OPTIMUM PERFORMANCE RACING LLC.

(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:

OPTIMUM PERFORMANCE RACING LLC.

SAME

1620 S CARPENTER RD

TITUSVILLE, FL 32796

## 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:

KELLY HILLIARD

Name

1620 S CARPENTER RD

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

TITUSVILLE

FL 32796

City

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..*

Kelly J Hilliard

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 FEB 15 PM 12:43

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

KELLY HILLIARD

1620 S CARPENTER RD

TITUSVILLE, FL 32796

AMBR

TIMOTHY HILLIARD

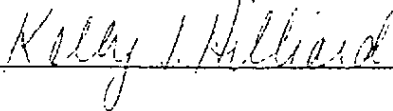
1620 S CARPENTER RD

TITUSVILLE, FL 3296

(Use attachment if necessary)

**ARTICLE V: 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.

KELLY HILLIARD

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 (Optional)**

**\$ 5.00 Certificate of Status (Optional)**