

H220001252123  
**L22000144938**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850)617-6381

From: Account Name : EXPERTAX  
 Account Number : I28200000018  
 Phone : (407)777-7478  
 Fax Number : (321)286-9743

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

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 TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
 COMMERCIAL  
 SERVICES

**FLORIDA LIMITED LIABILITY CO.  
 OSPINA RACING LOGISTICS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

HL

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Corporate Filing Menu

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: OSPINA RACING LOGISTICS 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:

SEBASTIAN OSPINA

Name of Person

Firm/Company

2746 SUNKISSED DR

Address

SAINT CLOUD, FL 34771

City/State and Zip Code

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

For further information concerning this matter, please call:

SEBASTIAN OSPINA

407

729-5796

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

OSPINA RACING LOGISTICS 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:2746 SUNKISSED DR  
SAINT CLOUD, FL 347712746 SUNKISSED DR  
SAINT CLOUD, FL 34771

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

SEBASTIAN OSPINA

Name

2746 SUNKISSED DRFlorida street address (P.O. Box **NOT** acceptable)

<u>SAINT CLOUD</u>	<u>FLORIDA</u>	<u>34771</u>
City	State	Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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..

SO

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

MBR

SEBASTIAN OSPINA  
2746 SUNKISSED DR  
SAINT CLOUD, FL 34771

(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 30 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:**

SO

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 criminal offense under section 39.01, Florida Statutes.

2022 APR -6 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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