L23000073072

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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S. CHATHAM

FEB 16 2020

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02/17/23--01001--001 **125.00

DIRECTOR'S OFFICE

I SHOULD REPORATIONS

ALLAHASSEE, FLORIDA

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CORPORATE ACCESS, ____

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK	UP:	02/16/2023	
	CERTIFIED COPY			 _
ХХ	РНОТОСОРУ			
	CUS			
XX	FILING	LLC		
	Charles Racing, LLC	ENT#)	-	
	(CORPORATE NAME AND DOCUM	ENT#)	<u> </u>	
	(CORPORATE NAME AND DOCUM	ENT #)		
	(CORPORATE NAME AND DOCUM	ENT #)		
-	(CORPORATE NAME AND DOCUM	ENT #)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Charles Racing, L (Must co	LC ontain the words "Limited	Liability Company	r, "L.L.C" or "LLC.")	. <u> </u>	
ARTICLE II - Address: The mailing address and stree	t address of the principal c	office of the Limite	d Liability Company is:		
Princ	ipal Office Address:		Mailing Add	iress:	
2000 Metropica W Sunrise, FL 33323			00 Metropica Way, Apt. 9 nrise, FL 33523	909	
ARTICLE III - Registered / (The Limited Liability Compa another business entity with a The name and the Florida stre	ny cannot serve as its own n active Florida registration et address of the registered	n Registered Agent. on.) d agent are:	ent's Signature: . You must designate an h	SECRETARY orTALLAHA	3 3 3 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	Registered Agent So	Name		S	; #¶
	155 C165 D1 D	0 1 1			ू हैं सुरक्षक
	155 Office Plaza Dr. Florida street addres		accentable)	3: FT.	A STATE
	Tallahassee	_	•	mi —	
	City	FLState	32301 Zip		
Having been named as registere place designated in this certification further agree to comply with the sam familiar with and accept the	te, Thereby accept the app	ointment as registe elating to the prope	red agent and agree to act or and complete performan	t in this capacity. T uce of my duties, and I	

(CONTINUED)

	117	100		13.
•	RT	Ю	I.P.	11

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager AMBR	Alexx Charles 2000 Metropica Way, Apt. 909 Sunrise, FL 33323	cata (m.)	
AMBR	Jean-Marie Charles 2000 Metropica Way, Apt. 909 Sunrise, FL 33323		
AMBR	Cait-Lin Charles 2000 Metropica Way, Apt. 909 Sunrise, FL 33323	ممو	
AMBR	Tai-Lee Charles 2000 Metropica Way, Apt. 909 Sunrise, FL 33323		
(Use attachment if necessary)			
(If an effective date is listed, the date must be sp the date of filing.)	c of filing:		
REOUIRED SIGNATURE:	Q)-e_{	-	
This document is execu I am aware that any fals	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida Statutes, e information submitted in a document to the Department of State of felony as provided for in 6.817.155.		

constitutes a third degree felony as provided for in s.817.155, F.S.

Ed Tsuji, Authorized Representative

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)

Articles of Organization – Florida Domestic LLC (continued)

Article IV - Manager(s) or Managing Member(s): (Continued)

<u>Title</u> <u>Name and Address:</u>

AMBR Adriann John Charles

2000 Metropica Way, Apt. 909

Marco Island, FL 34145

AMBR Nicole Charles

2000 Metropica Way, Apt. 909

Marco Island, FL 34145

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