123000/69959

(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



900404583269

Call to

68 21.11 | 61810 -614 | •:12...2

SECRETARY OF STATE

A

COVER LETTER

	New Filing Section Division of Corporations
SUBJEC	T: HULK RACING, LLC Name of Limited Liability Company
50000	Name of Limited Liability Company
The enck	osed Articles of Organization and fee(s) are submitted for filing.
Please re	urn all correspondence concerning this matter to the following:
	GREG PETRO
	Name of Person
	Firm/Company
	17915 Blossom Hill Ct Address
	Address
	ESTERD, FL 33928 City/State and Zip Code Ortep 631. Com F-mail address: (to be used for future annual moort notification)
	City/State and Zip Code
	ortep631.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Same of Person Area Code Dayting Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
⊠\$125 .0	0 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must cont	HULK RAC	bility Company,	L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal offic	ce of the Limited	Liability Company is:		
<u>Princip</u>	Principal Office Address:			Mailing Address:	
17915 BLOSSOM HILL CT ESTERO, FL 33928			17915 BLOSSOM HILL CT ESTERD, FL 33928		
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own Reactive Florida registration.)	egistered Agent. \	t's Signature: 'ou must designate an	individual or	
The name and the Florida street		~			
	GREG	FETRO			
		Blosson	Hill Ct		
	Florida street address (P.O. Box				
	ESTERO	FL	33928 Zip		
	City	State	Zip		
Having been named as registered of place designated in this certificate further agree to comply with the plan familiar with and accept the ob-	. I hereby accept the appoint rovisions of all statutes rela	tment as registere ting to the proper	d agent and agree to ac and complete performa	ct in this capacity.	

(CONTINUED)

2023 HAR 21 AH II: 31

ARTICLE IV-

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

Title: "AMBR" = Authoriz	Name and Address:
"MGR" = Manager	d Member
AMBR	GREG PETRO
	17915 Blossom Hill C+
	ETTERO, FL 33928
	<u> </u>
If the date inserted in the current's effective date of CLE VI: Other provision	is block does not meet the applicable statutory filing requirements, this date will not be listed a on the Department of State's records.
REQUIRED SIGNA	TURE:
I am a	Signature of a member or an authorized representative of a member, ocument is executed in accordance with section 605,0203 (1) (b), Florida Statutes, ware that any false information submitted in a document to the Department of State tutes a third degree felony as provided for in s.817.155, F.S.
	GREG PETRO Typed or printed name of signee
\$125.00 Filing Fee	Filing Fees: for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)