L24000449635

(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



900438282109

2024 CCT 215 CT 9: 47

2024 OCT 24 PH 2: 15

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/24/2024	_	⇔WAL	K IN=
Dobbs	Motorenarte Invastments I I C	W/112	
ENTITY NAME DODDS	Motorsports Investments LLC	202	
		2024 CCT	-1
DOCUMENT NUMBER		(C)	. 3
	PLEASE FILE THE ATTACHED AND RETURN	53 9: 47	
XXXXXXXX	Plain Copy	•	
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts & Amendments Certificate of Good Standing		
	**APOSTILLE' / NOTARIAL CERTIFICATION **		
COUNTRY OF DESTINA	ATION		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$125	ACCOUNT #: I201		
	E 87,	16	
Please call Tina at	the above number for any issues or concerns. Than	nk you so much!	

COVER LETTER

то:	New Filing Sec Division of Co					
SUBJEC		torsports Investment	s, LLC			
BODOLA		Name	of Limited	Liability Company		
The encl	osed Articles of	Organization and fe	e(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning	his matter t	o the following:		
	Grant M. Co	ox				2024 2:07
			Na	nne of Person		
	Dobbs Broth	ners Management Se	rvice, LLC			\$. \$2
			Fi	rm/Company		
	2222 Cotton	dale Lane, Suite 310	1			φ
				Address		
	Little Rock,	AR 72202				
	grant@dobbs	brothers.com	City/St	tate and Zip Code		
	1	E-mail address: (to b	e used for fi	uture annual report notifica	tion)	
For further	r information co	ncerning this matter,	please call:	:		
	Grant M. Co.	x	501 at (246-2474		
	Nam	e of Person	Area C	ode Daytime Telepho	ne Number	
Enclosed	l is a check for t	he following amount	:			
□\$±25.0	00 Filing Fee	□\$130.00 Filing Certificate of Stat	us (□\$155.00 Filing Fee & Certified Copy ditional copy is enclosed)	□S160.001 Certificate of Certified Co (additional co	of Status &
	New F Divisio P.O. B	iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section E The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	nassee eet, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

	ors Investments, LLC			_
(Must	contain the words "Limited Lia	ability Company, "I	L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and str	eet address of the principal offi	ice of the Limited L	iability Company is:	
<u>Pri</u>	incipal Office Address:		Mailing Address:	
1132 Elizabeth	Avenue	2222 (Cottondale Lane, Suite 310	
West Palm Beac	West Palm Beach, FL 33401		Little Rock, AR 72202	
The Limited Liability Com	d Agent, Registered Office, & pany cannot serve as its own Rohan active Florida registration.	Registered Agent'		2024 CCT 24
(The Limited Liability Com another business entity with	ipany cannot serve as its own Ro	Registered Agent' egistered Agent. Yo	's Signature:	ν ₁ (Δ)
(The Limited Liability Com another business entity with	pany cannot serve as its own Ro h an active Florida registration.	Registered Agent' egistered Agent. Yo	's Signature:	
The Limited Liability Com another business entity with	pany cannot serve as its own Rohan active Florida registration. treet address of the registered at NRAI Services, Inc.	Registered Agent' egistered Agent. Yo	's Signature:	**************************************
(The Limited Liability Com another business entity with	pany cannot serve as its own Rohan active Florida registration. treet address of the registered at NRAI Services, Inc.	Registered Agent' egistered Agent. Yo) gent are:	's Signature:	
(The Limited Liability Com another business entity with	ipany cannot serve as its own Rohan active Florida registration. treet address of the registered at NRAI Services, Inc.	Registered Agent' egistered Agent. Yo) gent are: Name	's Signature: ou must designate an individual o	
(The Limited Liability Com another business entity with	pany cannot serve as its own Rohan active Florida registration. treet address of the registered at NRAI Services, Inc. 1200 South Pine Island	Registered Agent' egistered Agent. Yo) gent are: Name	's Signature: ou must designate an individual o	

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 t am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

NRAI Services, Inc.

Registered Agent's Signature (REQUIRED)

Patricia A. Boverie, Assistant Secretary

(CONTINUED)

A	R	TI	C	L.	IV.
•	п				1 1 -

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

Title:	Name and Address:	
"AMBR" = Authorize	ed Member	
"MGR" = Manager		
MGR	James K. Dobbs III	
	1132 Elizabeth Avenue	
	West Palm Beach, FL 33401	
MGR	James Q. Carr II	
	5170 Sanderlin Avenue, Suite 102 Memphis, TN 38117	
	Membras, 114 2011))
	.c.	5
MGR	Joyce Howell 5170 Sanderlin Avenue, Suite 102	5
	Memohis, TN 38117	4
	Wemping, 114 50117	? !
MGR	Will Slabaugh 2222 Cottondale Lane, Suite 310	;
	Little Rock, AR 72202	o '
		• •
		~1
(Use attachment if ne	ecessary)	
	his block does not meet the applicable statutory filing requirements, this date will not be a on the Department of State's records. ns, if any.	iisicu as
REQUIRED SIGNA	ATURE:	
	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.	
	aware that any false information submitted in a document to the Department of State	
	titutes a third degree felony as provided for in s.817.155, F.S.	
	. K.D.II. W	
	Typed or printed name of signee	
	r sped of 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	e of Status (Optional)	

Article IV

Title	Name and Address
MGR	Grant M. Cox
	2222 Cottondale Lane, Suite 310
	Little Rock, AR 72202

2024 () 7 2 5 7 () 47