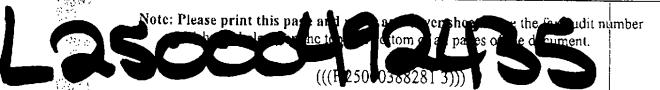
Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet





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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. SAVAGE AUTO RACING, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Electronic Filing Menu Corporate Filing Menu

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FAX AUDIT # H25000388281 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

tail 1995) s Sign

The name of the Limited Liability Company is:

SAVAGE AUTO RACING, L.L.C.

(Must conatin 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:

7562 W. GULF TO LAKE HWY

CRYSTAL RIVER, FL 34429

7562 W. GULF TO LAKE HWY

CRYSTAL RIVER, FL 34429

**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:

ALAN S. GASSMAN, ESQ.

Name

1245 COURT STREET

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

CLEARWATER

FL.

.....

City

State

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..

Registered Agost s Signature (REQUIRED)

(CONTINUED)

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FAX AUDIT # H25000388281 3

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2025 OCT 30 AM 3: 32

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· ·	ARTICLE IV. The name and address of south account	and the second s	
	the name and admess of each person a	uthorized to manage and control the Limited Liability Company:	
\$ * 	Title:	Name and Address:	
	"AMBR" = Authorized Member	· · · · · · · · · · · · · · · · · · ·	
	"MGR" = Manager		ļ
	MGR	KENNETH L. SAVAGE, JR.	j
•		7562 W. GULF TO LAKE HWY	
de Colonida de No		CRYSTAL RIVER, FL 34429	;
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<i>:</i>	**		
ART	ICLE V: Effective date, if other than the date	of filing: (OPTIONAL)	į
. (12 61	o effective date is listed, the date must be sp ate of filing.)	ecific and cannot be more than five business days prior to or 90 day	ys after
Note	: If the date inscried in this block does not i	neet the applicable statutory filing requirements, this date will not be	
the d	ocument's effective date on the Department	of State's records	listed as
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AKII	ICLE VI: Other provisions, if any.		
Sugar at The			-
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	REQUIRED SIGNATURE:	$\sim 1 \text{e}^{-1}$	
		10.128 3	
1 2 - 2 - 2 - 2	Signature of a mo	unber or an authorized representative of a member.	
	upaxa zi inomupop ani	ted 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	Ì
	constitutes a third degree	felony as provided for in s.817.155, F.S.	
	ALANS, GASSI	MAN, ESO., AUTH, REP.	
		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)