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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAP SOLUTIONS INC

Account Number : I20210000103

Phone

: (786)615-3057

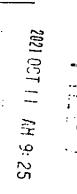
Fax Number : (786)615-3058

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

Email Address: info @ tapsolution. net

FLORIDA LIMITED LIABILITY CO. ZSCHOCKE MOTORSPORT LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A D'	TIC	1 2 1	I - N	ame.

The name of the Limited Liability Company is:

ZSCHOCKE MOTORSPORT 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:

7601 E TREASURE DR APT 512
NORTH BAY VILLAGE FL 33141

7601 E TREASURE DR APT 510 NORTH BAY VILLAGE FL 33141

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:

TAP SOLUTIONS	SINC	
	Nume	
2343 NW 7TH ST		
Florida street addi	ess (P.O. Box <u>NOT</u> ac	cceptable)
МІАМІ	FL	33125
City	State	Zin

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..

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Agent's Signature (REQUIRED)

(CONTINUED)

2021 OCT 11 AM 9: 25

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	DIEGO ADOLFO PERICAS LAVENIA
	7601 E TREASURE DR APT 510
	NORTH BAY VILLAGE FL 33141
AMBR	LUIS ALBERTO ZSCHOCKE
111121	760) E TREASURE DR APT 510
	NORTH BAY VILLAGE FL 33141
AMBR	KALIL ZSCHOCKE NEDBAL
	7601 E TREASURE DR APT 510
	NORTH BAY VILLAGE FL 33141
(Use attachment if necessary)	
•	
CLE V: Effective date, if other than the	e date of filing: 10/07/2021 (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must	e date of filing: 10/07/2021 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
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CLE V: Effective date, if other than the effective date is listed, the date must to of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be list
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Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

DIEGO ADOLFO PERICAS LAVENIA

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

S 5.00 Certificate of Status (Optional)