# M12000001065

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
| ·                                       |
| Special Instructions to Filing Officer: |
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Office Use Only



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EXAMINER



January 11, 2012

PETER G. SHAHEEN, ESQ. 820A TURNPIKE STREET NORTH ANDOVER, MA 01845

SUBJECT: KNOPF MOTORSPORTS, LLC

Ref. Number: W12000001877

We have received your document for KNOPF MOTORSPORTS, LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 312A00000719

SECRETARY DE STATE

#### **COVER LETTER**

| TO: Registration Section<br>Division of Corporat  | ions   |   |  |              |  |
|---|--|---|--|--------------|--|
| SUBJECT: Knopf M  | otorsports,  | LLC   |  |              |  |
| SUBJECT:  |  | e of Limited Liability Compa  | any  | ,            |  |
| The enclosed "Application by Existence, and check are subn  |  |   |  |              |  |
| Please return all corresponder  | ce concerning this ma                                    | tter to the following:  |  |              |  |
| Peter G   | . Shaheen, Es  | sq.   |  |              |  |
|   |  | Name of Person  |  |              |  |
| Shahee  | n Guerrera & C   |   |  |              |  |
|   |  | Firm/Company  |  |              |  |
| 820A T  | urnpike Stree  | Address   |  | <del></del>  |  |
|   |  |   |  |              |  |
| North A   | ndover, MA 0 <sup>-</sup>                                | 1845 City/State and Zip Code  | -  | <del>_</del> |  |
| pshahe For further information conce  | `  | be used for future annual re  | port notification)                           |              |  |
| Jeanne Car  | neron Jones  | at (978   | 689-0800                                     |              |  |
| Na  | me of Person   | Area Code & Daytime T   | 'elephone Number                             |              |  |
| MAILING ADDRE<br>Division of Corporat<br>Registration Section<br>P.O. Box 6327<br>Tallahassee, FL 323 | ions   | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301 | sle  |              |  |
| Enclosed is a check for the \$125.00 Filing Fee   | he following amou \$130.00 Filing Fe Certificate of Stat | nt:<br>e & []\$155.00 Filing Fee  | & ☐\$160.00 Filing Fee<br>of Status & Certif |              | All says of the sa |

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY. TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| LIMITED LIABILITY COMPANY, TO TRANSACT BUSINESS IN THE<br>1. Knopf Motorsports, LLC   | STATE OF FLORIDA:  |
|---|--|
| (Name of Poreign Limited Liability Company; must inch   | ide "Limited Liability Company," "L.L.C.," or "LLC.")  |
| (If name unavailable, enter alternate name adopted for the purpo<br>consent of the managers or managing members adopting the alte<br>Company," "L.L.C," "LLC.") | se of transacting business in Florida and attach a copy of the written mate name. The alternate name must include "Limited Liability"  |
| 2. Delaware   | 3. 45-4028663  |
| (Jurisdiction under the law of which foreign limited liability company is organized)  | (FEI number, if applicable)  |
|   | Duration: Year limited liability company will cease to   |
| (Date of Organization)  | exist or "perpetual")  |
| 6(Date first transacted business in Ple   | oride if prior to registration   |
| (See sections 608.501 & 608.502 F.S   | to determine penalty liability)  |
| 7. 300 Commercial Street, Unit 100  |  |
| Boston, MA 02109  |  |
| (Street Address   | of Principal Office)   |
| 8. If limited liability company is a manager-managed  | company, check here  |
| 9. The name and usual business addresses of the man   | aging members or managers are as follows:  |
| Kristofer Knopf   |  |
| 300 Commercial Street, Unit 1001  |  |
|   | 5. E.C. 2017   |
| Boston, MA 02109  |  |
|   | days old, duly authenticated by the official having custody of records in  |
| the jurisdiction under the law of which it is organized. (A photocop<br>translation of the certificate under oath of the translator must be subr                | 171  |
|   |  |
| 11. Nature of business or purposes to be conducted or   | r promoted in Florida: Promotions of Motorsports   |
|   | <u> </u>   |
| Kris Knop   | of the state of th |
| Signature of a member or an au  | thorized representative of a member.   |
|   | ution of this document constitutes an affirmation under the<br>ue. I am aware that any false information submitted in a  |
| document to the Department of State constitutes   | s a third degree felony as provided for in s.817.155, F.S.)  |
| Kristofer Knopf   |  |

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| _            | me of the Limited Liability Company is:  Motorsports, LLC                 |  |
|--------------|---|--|
| If unavailab | ble, the alternate to be used in the state of Florida is:                 |  |
| 2. The name  | ne and the Florida street address of the registered agent and office are: |  |
|              | Corporation Service Company (Name)  |  |
|              | 1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE)         |  |
|              | Tallahassee, FL 32301   |  |

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 608, Florida Statutes.

Gray Mangane Oli (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE :

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KNOPF MOTORSPORTS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTIETH DAY OF FEBRUARY, A.D. 2012.

5081117 8300

120157177

AUTHENTY CATION: 9374503

DATE: 02-20-12

You may verify this certificate online at corp.delaware.gov/authver.shtml