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(Requestor's Name)				
(Ad	idress)	· · · · · · · · · · · · · · · · · · ·		
(Address)				
(Cit	ty/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SURJECT: Wre	nch Racing Inc.		
Schreet.	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFLX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM: J	ames Wrench	e (Printed or typed)	
10	019 Antilles Ave		
		Address	
F	ort Pierce, Fl 349	982	
	City	, State & Zip	
7	72-370-1565		•
	Daytime 1	Telephone number	
sh	otgunhemi1@aol.c		
 -	E-mail address: (to be use	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:		
00 S. Market	t Ave	1019 Antilles Ave		
Fort Pierce, FI 34982		Fort Pierce, Fl 34982		
RTICLE III PUR ne purpose for which to Racecar Fabr	the corporation is organized is:			
			75 TP	
			20 1	
			- C - C	
			ONTO THE	
RTICLE IV SHA			NEW TOWN	
RTICLE V INI	TIAL OFFICERS AND/OR DIRECTO		DANGE OF THE PARTY	
RTICLE V INI		Name and Title:	N. C.	
RTICLE V INI	tial officers and/or directo e: James Wrench Pres		NATION OF THE PARTY OF THE PART	
Name and Title Address	TIAL OFFICERS AND/OR DIRECTO 2. James Wrench Pres 1019 Antilles Ave Fort Pierce, FI 34982	Name and Title: Address:		
Name and Title Address	TIAL OFFICERS AND/OR DIRECTO e: James Wrench Pres 1019 Antilles Ave	Name and Title: Address: Name and Title:	DATE OF THE PARTY	
Name and Title Address Name and Title	TIAL OFFICERS AND/OR DIRECTO James Wrench Pres 1019 Antilles Ave Fort Pierce, FI 34982	Name and Title: Address: Name and Title:	DATE OF THE PARTY	
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTO James Wrench Pres 1019 Antilles Ave Fort Pierce, FI 34982	Name and Title: Address: Name and Title: Address:		

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	James Wrench		
Address:	1019 Antilles Ave		
	Fort Pierce, FI 34982		
ARTICLE VII	INCORPORATOR		
The name and add	dress of the Incorporator is:		
Name:	James Wrench		
Address:	1019 Antilles Ave		
	Fort Pierce, FI 34982		
	ed as registered agent to accept service of process m familiar with and accept the appointment as reg	istered agent and agree to act in this capacity	designated in
10000	Required Signature/Registered Agent	Dat	e e
	ment and affirm that the facts stated herein are separtment of State constitutes a third degree felon		ubmitted in a
James	Required Signature/Incorporator	<u>3-2</u>	7-1 <u>5</u> ate