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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 30 2008

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Motorsports of North America, LLP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Mary Jo Castro  
(Contact Person)  
Motorsports of North America, Ltd  
(Firm/Company)  
P.O. Box 17072  
(Address)  
Tampa FL 33682  
(City, State and Zip Code)

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For further information concerning this matter, please call:

Mary Jo Castro at (813) 264-2262  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)  
☐ \$1,008.75 Filing Fees and Certificate of Status  
☐ \$1,052.50 Filing Fees and Certified Copy  
☒ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Motorsports of North America, L.L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

2. 7441 U.S. 301 South, Ste 102  
(Street address of initial designated office)

Riverview, FL 33569

3. Mary Josephine Castro  
(Name of Registered Agent for Service of Process)

4. 14524 N. Rome Ave  
(Florida street address for Registered Agent)

Tampa, FL 33613

5. 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 relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

Mary Josephine Castro  
Signature of Registered Agent

6. 7441 U.S. 301 South, Ste 102  
(Mailing address of initial designated office)

Riverview, FL 33569

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

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8. Name and business address of each general partner:

Name:

Business Address:

Mary Josephine Castro

P.O. Box 17072

Tampa, FL 33682

Richard Hannam

17441 US 301 South, Ste 102

Riverview, FL 33569

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9. Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 22<sup>nd</sup> day of September, 2008.

Signature of each general partner:

Mary Josephine Castro

Richard Hannam

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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