F0200000525

TO: Registration Division of	on Section f Corporations	· 	••
SUBJECT:	DEBSRO	CERS THO	
	(Name of cor	rporation - must include suffix)	
Dear Sir or Madam	:		
The enclosed "Appl "Certificate of Exist to transact business	chec , and theth are simming	on for Authorization to Transacted to register the above reference	t Business in Florida", ced foreign corporation
Please return all cor-	respondence concerning this	matter to the following:	
	DRAH STRICK		
		ame of Person)	·
	V		
	(C:-		
, -, .,	(FII	m/Company)	
1.164	Hwy 15	· · · · · · · · · · · · · · · · · · ·	-
		(Address)	
Abil	and Ke	67410	
	(City/S	State and Zip code)	
	(City/S		0048302547
E-S. d. to			-01/28/0201041014
For further information	on concerning this matter, ple	ease call:	*****70.00 *****70.00
Debora (Name of Per	at (ts	5 479-55	10
((A	rea Code & Daytime Telephone	Number)
STREET ADDRESS			7.0
Registration Section	j.	MAILING ADDRESS:	02 SEC
Division of Corporation	ons	Registration Section	JAN T
409 E. Gaines St.		Division of Corporations P.O. Box 6327	
Tallahassee, FL 32399		Tallahassee, FL 32314	TE TE SEE SEE
Enclosed is a check for	the following amount:	,	
\$70.00 Filing Fee			ORID ORID
- 470.00 rining ree	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □	\$87.50 Filing Fee,
	Columbiate of Status	Certified Copy	Certificate of Status &
			Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. OCERS LNC 1. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated)

3. 48 - 123 6675

(FEI number, if applicable) 4. 9-28-2000 5. N/A

(Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) Hwy 15 Albilene KS 67410

(Principal office address) (Purpose(s) of corporation authorized in home-state or country to be carried out in state of Florida)

| Corporation authorized in home-state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Men Lesperance 10436-3rd St. N. Apt B. St. Reters Dura, Florida 33716 (Zip code) Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
President: Deborah Strickland Address: 1764 Hwy 15 Abilene, KS 67410	
Vice President:	28 E
Address:	日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日
Secretary: DAVID Strickland	D 2
Address: 1764 Hwy 15 Abilene Ks	67410
Treasurer:	Address Addres
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional add	
14. DEBORAH STRICKLOND (Typed or printed name and capacity of person signing ap	pplication)

STATE OF KANSAS

OFFICE OF SECRETARY OF STATE RON THORNBURGH



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to corporations and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

DEBS RACERS, INC.

is a regularly and properly organized corporation under the laws of the state of KANSAS, having been incorporated in Kansas on the 28th day of September, A.D. 2000 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.



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RON THORNBURGH SECRETARY OF STATE