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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: WHEEL-1, INC, A NE	EVADA CORPORATION	
	of corporation - must include suffix)	
Dear Sir or Madam:		
	poration for Authorization to Transact Business in Florida' ubmitted to register the above referenced foreign corporation	
Please return all correspondence concernin	ng this matter to the following:	
WES SMITH		
	(Name of Person)	
WHEEL-1, INC.		
3370 WESTFIELD DR.	(Firm/Company)	SECRETARY DIVISION OF CO
	(Address)	5
GREEN COVE SPRING, FL 3204		S FEE
	(City/State and Zip code)	CORPORATIONS 2 PM 12: 25
For further information concerning this ma	atter, please call:	riors 25
	at (818) 693-2037	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amou	unt:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Certificate of		

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.

viations of like import in language as will clearly or partnership if not so contained in the name at y under the law of which it is incorporated)	present.)	
	27-0024181	
y under the law of which it is incorporated)		
y under the law of which it is incorporated)	(FEI number, if applicable)	
), 2002 _{5.}	PERPETUAL	
te of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
UALIFACTION		
acted business in Florida. If corporation has no (SEE SECTIONS 607.150)	t transacted business in Florida, insert "upon qualification.") 1, 607.1502 and 817.155, F.S.)	
STFIELD DR. , GREEN COVE SPF	RING, FL 32043	
(Principal office add	lress)	
STFIELD DR. , GREEN COVE SPE	RING, FL 32043	
(Current mailing add	lress)	: : (
TIVE ACCESSORIES WHOLESALE	APR 2	经工
(s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)	
reet address of Florida registered agent:	(P.O. Box or Mail Drop Box NOT acceptable)	64) SS:
WES SMITH	2: 2	꽖
		SKS
3370 WESTFIELD DR.		
GREEN COVE SPRING	, Florida	
(City)	(Zip code)	
is application, I hereby accept the appoint comply with the provisions of all statutes	ment as registered agent and agree to act in this capac relative to the proper and complete performance of my	city. I
	UALIFACTION acted business in Florida. If corporation has no (SEE SECTIONS 607.150) ESTFIELD DR., GREEN COVE SPF (Principal office add (STFIELD DR., GREEN COVE SPF (Current mailing add TIVE ACCESSORIES WHOLESALE (s) of corporation authorized in home state or correct address of Florida registered agent: WES SMITH 3370 WESTFIELD DR. GREEN COVE SPRING (City) agent's acceptance: med as registered agent and to accept services application, I hereby accept the appoint comply with the provisions of all statutes	UALIFACTION acted 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.) ESTFIELD DR., GREEN COVE SPRING, FL 32043 (Principal office address) (STFIELD DR., GREEN COVE SPRING, FL 32043 (Current mailing address) TIVE ACCESSORIES WHOLESALE (s) of corporation authorized in home state or country to be carried out in state of Florida) Treet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) WES SMITH 3370 WESTFIELD DR. GREEN COVE SPRING (City) Florida (City) (City) GREEN COVE SPRING (City) (City) (City) GREEN COVE SPRING (City) (City

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. DIRE		
Chairman:	JOHN YU	
	3370 WESTFIELD DR. , GREEN COVE SPRING, FL 32043	
– Vice Chair	man: DAVE WILLIAMS	
	3370 WESTFIELD DR., GREEN COVE SPRING, FL 32043	
_		
Director: _	WES SMITH	
Address: _	337 Westfield Dr. Green Cove Sr. va FL 32043	9
_	FL 32043	<u> </u>
Address: _		
_		DIVISION O
B. OFFI	CERS	PR (
President:	JOHN YU	RY COR
	3370 WESTFIELD DR., GREEN COVE SPRING, FL 32043	FORD PORD
		Tion:
Vice Presid	dent: DAVE WILLIAMS	··· 01
	3370 WESTFIELD DR. , GREEN COVE SPRING, FL 32043	
_		
Secretary:	WES SMITH	
Address: _	3370 WESTFIELD DR., GREEN COVE SPRING, FL 32043	
Treasurer:		
Address: _		
NOTE: I	If necessary, you may attach an addendum to the application listing additional officers and/or d	irectors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application of the applicat	ation)
_{14.} JC	OHN YU, PRESIDENT	
	(Typed or printed name and capacity of person signing application)	



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, WHEEL-1, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 30, 2002, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on April 16, 2003.

DEAN HELLER Secretary of State

Dean Heller

Certification Clerk