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(Requ	uestor's N	ame)				
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(City/s	State/Zip/	Phone #)				
PICK-UP	☐ WAI	π	MAIL			
(Business Entity Name)						
(Document Number)						
Certified Copies	Certif	cates of	Status			
Special Instructions to Filing Officer:						
Name Availability	NA.					
Document Examiner	טטע					
Updater	Office Us DCC	e Only				
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Rall x Max Racing INC. (Name of corporation - most include suffix)							
(Name of corporation - must include suffix)							
Dear Sir or Madam:							
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.							
Please return all correspondence concerning this matter to the following:							
Nigel mc Ivol							
Nigel m Fvol (Name of Person)							
(Name of Person) Rally max Racing inc. (Firm/Company) Abg 4 manderly orive (Address) Well ington FL 33467. (City/State and Zip code)							
(Firm/Company)							
4694 manderly orive 52							
(Address)							
well ington FL 33467							
(City/State and Zip code) For further information concerning this matter, please call:							
For further information concerning this matter, please call:							
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1							
N16-P MC FVOR at (S61) 678-0336. (Name of Person) (Area Code & Daytime Telephone Number)							
(Name of Ferson) (Alea Code & Daytime Telephone Number)							
STREET ADDRESS: MAILING ADDRESS:							
Registration Section Registration Section Division of Corporations Division of Corporations							
409 E. Gaines St. P.O. Box 6327							
Tallahassee, FL 32399 Tallahassee, FL 32314							
Enclosed is a check for the following amount:							
☐ \$70.00 Filing Fee							

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.

1.	RALLY MAX RACING INCL	
	RALLY MAX RACING INC. (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.)	
2.	State of oel aware 3 65-1175216. (State or country under the law of which it is incorporated) (FEI number, if applicable)	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	(Date of incorporation) 5. PERPET VAL. (Duration: Year corp. will cease to exist or "perpetual")	
	· · · · · · · · · · · · · · · · · · ·	
6.	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")	
	(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.)	
7.	4694 Manderly DRive Wellington FL 33467. (Principal office address) 4694 Manderly DRive Wellington FL 33467. 33 (Current mailing address)	
	(Principal office address)	
	4694 Manderly Drive Wellington FL 33467 33 8	
	(Current mailing address)	
ጸ	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	ij
٠.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	TI
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	ij
	Name: Nibel MC Frok =	
O :	ffice Address: 4694 manderly DRIVE	
	wellington FL, Florida 33467 (City) (Zip code)	
	(City) (Zip code)	
10	Registered agent's acceptance:	
H	aving been named as registered agent and to accept service of process for the above stated corporation at the p	
	signated in this application, I hereby accept the appointment as registered agent and agree to act in this capac rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my	
•	ther agree to comply with the provisions of all statutes returne to the proper and complete performance of my ties, 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. DIRECT	TORS					
Chairman:						
Address:						
	_					
		<u>A</u>				
Address:		- 12				
 -						
Director:		7				
Address:						
		25				
Director:						
		· · · · · · · · · · · · · · · · · · ·				
		المنابع المناب				
B. OFFICE	RS					
President:	NIECL MC FUOR.					
	4694 manderly paire					
	wellington FL 3346					
	:					
Address:						
	. 					
Secretary:	colm mc Fuor					
Address:	1717 UNICORN DR. VIRGINIA	Beach. Va 23454				
Treasurer:	LISH MC IVOR					
Address:	1717 UNICORN OR VIRGINIA	Reach VA 23454				
						
NOTE: If nex	cessary, you may attach an addendum to the application listing					
13	(Signature of Chairman, Vice Chairman, or any officer liste					
	(Signature of Chairman, Vice Chairman, or any officer liste	ed in number 12 of the application)				
14	14. NIFE MC FVOR - PIES ident (Typed or printed name and capacity of person signing application)					
	(Typed or printed name and canacity of person sign	ung application)				

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RALLYMAX RACING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF SEPTEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

3 SEP 15 M 8: 00
SECRETATE FLORIDA



Varriet Smita Hindson

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2618014

DATE: 09-05-03