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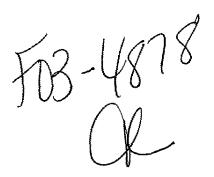
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations									
SUBJECT: Air Race Classic, Inc. (Name of Corporation – must include suffix)									
Dear Sir or Madam:									
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.									
Please return all correspondence concerning this matter to the following:									
Judith 1. Bolkema-Tokar (Name of Person)									
(Name of Person)									
Air Race Classic, Inc. (Firm/Company)									
Spruce Creek Fly-in, 1856 Seclusion Drive (Address) Port Orange, FL 32128 (City/State and Zip Code)									
Port Orange FL 32128 (City/State and Zip Code)									
(City/State and Zip Code)									
For further information concerning this matter, please call:									
Tudi th A. Bolkema - Toker at (386) 322 - 3202 (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 amount:									
□ \$70.00 Filing Fee Certificate of Status 78.75 Filing Fee & Certified Copy □ \$87.50 Filing Fee, Certified Copy Certified Copy									

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Air Ra	ce Classic,	Inc.	1 mm = 1	- RAABBA	K I TO CALVO		77.	हरम		<u></u>
in language as w	ration: must include the vill clearly indicate that any" or "Co." may not	it is a corporation in	stead of a	ı natural pe	rson or par	tnership if no	abbreviations of so containe	of like	: impo e name	rt e at
2. North	Carolina y under the law of whi		3	03-0	44300	<u> 3</u>				
4. <u>3/5/2</u>	OO 2 (Date of Incorporation)	5	Perpe (Duration	tual :: Year com	o. will cease t	o exist or "pe	rpetua	I")	
6. 200 (Date cor	poration first conducte	d Affairs in Florida -	See secti	ons 617.13	01, 617.15	02, and 817,	155, F.S.)			_
7. Spruce	Creek Fly-	n, 1856 S	pal office	ion L	rive,	Port 0	range	FL	32/	<u>12</u> 8
Some		(Currer	nt mailing	address)	······································	,				_
								_		
8. To prese	(Purpose(s) of corpora	e ducate	parti	cants or country	to be carrie	ic legared out in the s	ding av	a)	on.	<u>po</u> fe
an ama	Feu Closs - c reet address of Flor	country air	pace	Douger	April Dron	Boy NOT	contable)	fio,	15	
9. Name and <u>sti</u>	reet augress of Fior	ida registered age	ш. (г.о	. DOX OF P	nan Diop	DOX 1101	icceptaole,		_	
27	TudithADalk	oma Gairare					rii		1	
Name:	Judith <u>A</u> Bolk	ema- <u>lokar</u>				÷		<u>'=-</u> ,		Ü
Office Address:	Spruce Cree	k Fly-In					ξ÷	il y	<u></u>	
Office Address.	1856 Seclus	ion Drive					=======================================	1 4		
			. F	lorida	32128					
,	Port Orange	City)				(Zip Code)			•	
Having been designated in I further agr	agent's acceptance named as registered this application, I h ee to comply with th am familiar with an	agent and to acce ereby accept the a e provisions of all	ppointm statutes	ent as reg relative to	istered ag the prop	ent and agr er and com	ree to act in plete perfor	this c	anacu	tv.
		A	W			·				
		(Kegiste	red agent	's signature)					

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 addresses of officers and/or directors:

A. DIRECTORS	,		
Chairman:			
Address:			
Vice Chairman:			
Address:		 .	
Director:		 .	
Address:			
			
Director;	<u> </u>		
Address:	 		
B. OFFICERS President: Judith A. Bolkema - 70kar Address: Spruce Creek Fly-in, 1856 Seclusion Drive Bott Orange, FL 32128 Vice President: Esther Lowry Address: 3801 Village Drive # 1301	_	ر آ (دع	
President: Judith A. Bolkema- 70kar		<u> 173</u>	
Address: Spruce Creek Fly-in, 1856 Seclusion Drive		71	,
Gort Orange, FL 32128	_ !!!_		
Vice President: Esther Lowry		- ; - -	
	ا المسلد 	ැ <u>ට</u>	
Gaines Ville, GA 30506	<u> </u>	·	
Secretary: Denise Waters			
Address: 136 E. 61 St # 2B New York, NY 10021			
Treasurer: Gretchen L. Jahn			
Address: P.O. Box 369, Eastlake, Co 806/4	·		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	or directo	rs.	
13	-	. :	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	ication)		
14. Judith A. Bilkema - Tokar (Typed or printed name and capacity of person signing application)			



State of North Carolina Department of The Secretary of State

CERTIFICATE OF EXISTENCE (NONPROFIT)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

AIR RACE CLASSIC, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 5th day of March, 2002, with its period of duration being perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of September, 2003.

Claire I. Marchall

Secretary of State

Certification Number: 7082318-1 Page: 1 of 1 Ref.# 5237408-Verify this certificate online at www.secretary.state.nc.us/Verification.