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COVER LETTER

TO:	Registration Section Division of Corporations			
SHRI	ECT: OLSEN MOTORSPORTS IN	(,		
700	Name o	f corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corlicate of Existence," or "Certificate or referenced foreign corporation to tra	of Good Stand	ling" and check are subn	
Please	return all correspondence concerning	ng this matter	to the following:	
тімо	THY J OLSEN			
		Name of I	Person	
OLSE	S MOTORSPORTS INC			
·		Firm/Comp	pany	-
836 H	ARDING ROAD			
		Addre	SS	
HINSE	DALE IL 60521			
		City/State an	d Zip code	
TIM@	OLSENMOTORSPORTS.NET			
	E-mail address:	(to be used fo	or future annual report no	otification)
For fu	ther information concerning this ma	itter, please ca	ıll:	
TIMOTHY J OLSEN at (312) 8105353 Name of Person Area Code Daytime Telephone ?				
	Name of Person	Area Code	Daytime Teleph	one Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	i:	MAILING AL Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Please i	ed is a check for the following amore make check payable to: FLORIDA DE , .00 Filing Fee	PARTMENT (Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. 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.

L. OLSEN MOTO	RSPORTS,INC.				
	corporation; must include "INCORPORATED," Forp." "Inc." "Co," or "Corp.")	"COMPANY." "CORPORATION	",иС		
(If name unavail	able in Florida, enter alternate corporate name ad	dopted for the purpose of transact	ing business in Florida)		
2. ILLINOIS	રૂ ^{- લ}	16- <u>4-1</u> 06-198			
	y under the law of which it is incorporated)	(FEI number, if applicable)			
4. 12/31/2104	5.				
(Date	of incorporation)	(Date of duration, if othe	(Date of duration, if other than perpetual)		
6					
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		(11)		
836 HARDING E		2. r.s to determine penalty hab	mty)		
7	(Principal office	e street address)			
	(V.III)	<u></u>			
	(Current mailing	address, if different)			
			ZOZZ JAN Segures Tantania		
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)			
Name:	TIMOTHY J OLSEN				
	14565 RED FOX RUN, UNIT 608				
Office Address:			AH IO		
	NAMES	Florida			
	(City)	(Zip code)			

9. 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.

(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total]:

A. DIRECTORS				••			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	HINSDALE II. 60521	□Director					
President		□President	-				
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary		Treasurer			
□Other	Other	Other		□Other			
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary		□Treasurer			
Other	Other	Other		□Other			
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□ Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary		□Treasurer			
Other		□Other		□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer.							

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

TIMOTHY J OLSEN, PRESIDENT

File Number

6937-673-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

OLSEN MOTORSPORTS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 31, 2013, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND day of NOVEMBER A.D. 2021.

Authentication #: 2132600424 verifiable until 11/22/2022
Authenticate at: http://www.ilsos.gov

SECRETARY OF STATE

resse White