F 22000000 3567

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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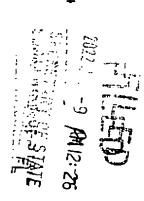


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ALLAHASSEE, FLORIE

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SCORETARY OF STATE

TS:SIM9 6-10 SSSS

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COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	WMF Powersports, Inc.			
	Name of corporation - r	nust include suffix		
Dear Sir or N	fadam:			
Cernneate ("Application by Foreign Corporation for Au f Existence," or "Certificate of Good Standin ced foreign corporation to transact business is	g" and check are sub-	et Business in Florida," mitted to register the	
Please return	all correspondence concerning this matter to	the following:		
_Sah	Hy Thurnon- N entry Name of Per			
No	Ian Process Servers, Firm/Compar	LLC		
7498	Angewood Lone Address NewSee, 12 3239 City/State and a E-mail address: (to be used for the second	iy (
	Address		•	
Talla	herssee 12 32399			
	City/State and .	Zip code		
mk	e D noten procoxisteniers	. Coss		
	E-mail address: (to be used for	future annual report ne	otification)	
For further in	formation concerning this matter, please call:			
Debour	e of Person Area Code	562-605	58	
Nam	e of Person Area Code	Daytime Teleph	one Number	
STR	EET/COURIER ADDRESS:	MAILING AI	ODRESS:	
Registration Section		Registration So	Registration Section	
Division of Corporations The Centre of Tallahassee			Division of Corporations	
2415 N. Monroe Street, Suite 810			P.O. Box 6327 Taliahassee, FL 32314	
	hassee, FL 32303	i alianassee, Fl	± 32314	
Enclosed is a	check for the following amount:	COM COM		
Flease make ci	icck payable to: FLORIDA DEPARTMENT OF ing Fee \$78.75 Filing Fee & \$78.75		□ 400 60 mm = 0	
_ 4,5,00711		78.75 Filing Fee & ertified Copy	S87.50 Filing Fee, Certificate of Status & Certified Conv	

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. (Enter name of control "Inc.," "Co.," "Co	corporation; must include "INCORPORATED," "(Corp.," "Inc.," "Co," or "Corp.")	COMPANY." "CORPORATION,"	
Delaware	able in Florida, enter alternate corporate name ado		
(State or count	ry under the law of which it is incorporated)	(FFI number if applicab	
(Date	of incorporation) 5.	(Date of duration, if other than p	emenal)
6.		(and and a second to the second to	er percuary
v	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liability)	<i>y,</i> 10
7. 1037 SW Pine Island Road, Cape Coral, Florida 33991			25G 23
(Principal office street address)			
27037 John J Wi	Illiams Highway, Millsboro, Delaware 19966		11 1 9
	(Current mailing ac	ddress, if different)	03 C -39
8. Name and stree	et address of Florida registered agent: (P.O. B William Forenski	ox NOT acceptable)	PM 12: 25 OF STATE SEE, FL
Office Address:	1037 SW Pine Island Road		
	Cape Coral	33991	
	Cape Coral (City)	: Florida (Zip code)	
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relative with and accept the obligations of my position. (Registered agent's signa	of process for the ubove stated corp t as registered agent and agree to a ive to the proper and complete per on as registered agent.	et in this canacity.
10. Attached is a	certificate of existence duly authenticated, not	more than 90 days prior to delivery	of this application

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS William Forenski □ Chairman Name: □ Chairman Name: ____ 27037 John J. Williams HWY ☐ Vice Chairman Address: □Vice Chairman Address: Millsboro, Delaware 19966 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 ____ []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. William Forenski Shareholder, Director and President

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WMF POWERSPORTS 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 FOURTH DAY OF JUNE, A.D. 2022.

Authentication: 203596276

Date: 06-04-22