TRANSMITTAL LETTER

To:	Qualification/Tax Lien Section
	Division of Corporations

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:

Steve Hart	Z _S	മ	
(Name of Person)	ECR ECR	8 را	
Dr. Die-AS - BACING	ETAI		444
(Firm/Company)	SEE.		
1853 Air LANE Dr	FS	PH	
(Address)		- -	
Tlashuille, TN 37210	` ∀ '"		
(City/State/Zin)			

Should you need to call someone concerning this matter, please call:

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section **Division of Corporations** 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Af 6/11/18 Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or 1. 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.) (State or country under the law of which it is incorporated) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable Office Address: 10. 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.

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: (Street address ONLY - P.O. E	Box NOT acceptable)	
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)		
Chairman: Louis 5 Hart		
Address: 1853 Air Lare Dr. Mashuille, T.	N 37210	
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Φ . \sim 5/ μ	•	- ∵.
Address: 4969 Andrew JAckson Barkway	· · · · · · · · · · · · · · · · · · ·	_
Address: 4969 Andrew Jackson Barkway Hermitag, TN 37076	<u>, </u>	-
Director:		
Address:		 <u>.</u> .
		 -
Director:		_
Address:	98 J	- : ::=
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	SEE P	
President: Dennis Stone Address: (Same)	F. 3 5	_
Address: Same	RATE 7	_
Vice President:		
Address:	<u> </u>	
		<u> </u>
Secretary: 5 Louis S. HANT Address: SAME		
Address: Same		-
		_
Treasurer:		<u>.</u>
Address:		<u>.</u>
NOTE: If necessary, you may attack an addeption to the application listing addition	nal officers and/or directors.	
13	identities of the second of th	
(Signature of Chairman, Vice Chairman, or any officer listed in nur	mber 12 of the application)	'.
14. Lokis 5-HArt Chromosom (Typed or printed name and capacity of person significant control of the control of	Alman	-

Secretary of State **Corporations Section** James K. Polk Building, Suite 1800 Nashville, Tennessee 37243-0306

ISSUANCE DATE: 06/08/1998 REQUEST NUMBER: 98156116 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/06/1990 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0231371

JURISDICTION: TENNESSEE

TO: DR. DIECAST RACING COLLECTIBLES 1853 AIRLANE DRIVE

REQUESTED BY: DR. DIECAST RACING COLLECTIBLES 1853 AIRLANE DRIVE

NASHVILLE, TN 37210

NASHVILLE, TN 37210

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "DR. DIECAST RACING COLLECTIBLES, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

DR. DIECAST RACING COLLECTIBLES 1515 ELM HILL PK NO. 201

ON DATE: 06/08/98

RECEIVED:

FEES \$10.00

\$10.00

TOTAL PAYMENT RECEIVED:

\$20.00

RILEY C. DARNELL SECRETARY OF STATE

