F99000001557

To: Qualification/Tax Lien Section Division of Corporations		
SUBJECT: MIKE COPE R	nn night Tull	1
SUBJECT: MIKE COPE R (Name of corporate	ion - must include suffix)	
(xiamo or oorpora	ion must morace suring	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation fo "Certificate of Existence", and check are submitted to transact business in Florida.	register the above referenced	Business in Florida", If foreign corporation to
Diagga gataran ali accessora di		-03/12/9901NSANN2
Please return all correspondence concerning this matter	_	******78.75 ******78.7
<u>Jane</u> Cope		
<u>Jane Cope</u> (Name of Person)		
MIKE COPE	RACINA	1AT 35 28
<u>MIKE COPE</u> (Firm/C	ompany)	
		20 R 1
	trace)	
	(24. 45. - 7	FILED 99 MAR 24 PM I2: 01 SECTION DE STATE TALLAHASSEELT LORID
5283 TUSCA WIIIA DV. (Address) Spring Hill, FL 34607 (City/State/Zip)		
(City/Si	tate/Zip)	
Should you need to call someone concerning this matt	er, please call:	
Jane Cope at (352	2, 597-999	72
(Name of Person) (Area Code & Daytime Telephone Number)		
		W99-6084
STREET ADDRESS:	MAILING ADDRESS:	
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien Sec Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	A 23/24/99
Enclosed is a check for the following amount:		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 12, 1999

JANE COPE MIKE COPE RACING, INC. 5283 TUSCAWILLA DR. SPRING HILL, FL 34607

SUBJECT: MIKE COPE RACING, INC.

Ref. Number: W99000006084

We have received your document for MIKE COPE RACING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 199A00011977

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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. MIKE COPE RACING INC.

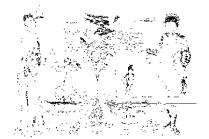
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) 2. South Carolina 3. 57-1063759 (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. March 2, 1998
(Date of incorporation)
(Duration: Year corp. will cease to exist or "perpetual")

6. 3/1/99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 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. (Registered 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: (Street address ONLY - P.O. Bo	ox NOT acceptable)
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman:	
Address:	
Vice Chairman:	
Address:	
	100 - V-200 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100
Director:	
Address:	
Director:	
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: MIKE COPE	
Address: 5283 TUSCAWIIA Dr	
Spring Hill FL 34607	99 M
Vice President: Jane Cope	A R T
Address: 5283 TUSCQ WILLA DV.	
Spring Hill FL 34607	
Secretary:	OJ RIDA
Address:	
Treasurer:	
Address:	
NOTE: 10	1 - CC 3/- 1°
NOTE: If necessary, you may attach an addendum to the application listing additiona	il officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in numb	per 12 of the application)
14. Jane Cope Vice President	
(Typed or printed name and capacity of person signi	ing application)

The State of South Carolina





I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

MIKE COPE RACING, INC.,

a corporation duly organized under the laws of the State of South Carolina on **March 2nd, 1998**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 9th day of February, 1999.

Jim Miles, Secretary of State