

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Shawn Spivak, Manager
(Name) (Title)

of Vegas Track Cars LLC, a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Vegas Track Cars LLC
(Foreign Corporation)

2. The jurisdiction and date of its formation is NV - 9/8/2021

3. The name of the domesticated corporation is Vegas Track Cars LLC

4. The jurisdiction of formation of the domesticated corporation is Florida

5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

X
[Signature]
(Authorized Signature)

COMMISSION OF STATE
FILED IN SEPT 2021

2021 SEP -4 PM 1:38

FILED

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Vegas Track Cars LLC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Vegas Track Cars LLC

2917 SW 2nd Terrace

Cape Coral FL 33991

Mailing Address

Vegas Track Cars LLC

2917 SW 2nd Terrace

Cape Coral FL 33991

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Contractor for rental car equipment.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

1000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Jodi Kidd

~~10308 Neopolitan Place~~ 2917 SW 2nd Terrace

~~Las Vegas NV 89144~~ Cape Coral, FL 33991

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Jodi Kidd

Signature/Registered Agent

8/6/2024

Date

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2024 SEP -4 PM 1:30

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ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Shawn Spivak / Manager Name & Title: _____

Address: 2917 SW 2nd Terrace Address: _____
Cape Coral FL 33991 _____

Name & Title: _____ Name & Title: _____

Address: _____ Address: _____

Name & Title: _____ Name & Title: _____

Address: _____ Address: _____

Name & Title: _____ Name & Title: _____

Address: _____ Address: _____

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2024 SEP 4 PM 1:38
CLERK OF STATE
TALLAHASSEE FL 32304

I submit this document and affirm that the facts stated herein are true. I am 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.

X

Signature/Authorized Person

8/6/2024
Date