## MODOCOOLA ACCOUNT NUMBER: FCA00000005 REFERENCE: (Sub Account) DATE: REQUESTOR HAND: Document ADDITESS I TELEPHONE: \_) uxt CONTACT HARE! CORPORATION NAME: DOCUMENT NUMBER: (if applicable) CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLAIN STAMPED COPY

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DIVISION OF CORPORATIONS

TALLAHASSEE, FLOPIDA

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Cigarette Rac				
	(Name of foreign li	mited liability company)		
Illinois	3		三字	02
(Jurisdiction under the law of wheel company is or	hich foreign limited liability	( FEI number	, if applicable)	NA TE
May 7, 2002	.5	January 1, 2	ر جُرِي 052	27
(Date of Organiz	ation)	January 1, 2  (Duration: Year limited line exist or "p	ability company will ce erpetual")	ase to T
May 17, 2002		-	LOI VATS	Ŧ.
(Date first transa	acted business in Florida. (See	sections 608.501, 608.502, ar	id 817.155, F.S.)	8
3131 N.E. 188	th Street		·	. <u> </u>
Aventura, Flo	rida 33180			
	(Street address of	f principal office)		
Skip Braver, i	030 East Illinoi	s Road, Lake Fo	rest, lilino	is 6004
Attached is an original certificate	e of existence, no more than 90 c	lays old, duly authenticated by	the official having custo	dy of records in
the jurisdiction under the law of translation of the certificate under	which it is organized. (A photo	copy is not acceptable. If the o	ertificate is in a foreign la	inguage, a
Nature of business or pur	poses to be conducted or	promoted in Florida: <u>m</u>	anufacture ar	<u>nd s</u> ale
of boats, appare	1 and related ma	chinery.		
·	Sha Ban			
(In accord	are of a member or an auth dance with section 608.408(3), F.S. pation under the penalties of perjur	., the execution of this documen	t constitutes	
	Skip Braver			
	Typed or printed a	name of signee		

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	the Limited Liability Cor	npany is:			
Cigarette Racing Team, LLC.					<u>0.</u>
2. The name an	d the Florida street addres	ss of the registe	ered agent and office ar	-GRETA: LL AHAS e:	FIL PINAY 21
•	Skip Braver				
	(Name)			FLORIDA	<u>.</u> .
	3131 N.E. 188th Street				8
	Florida street address (P.O. Box NOT ACCEPTABLE)				-
	Aventura	FL	33180	<u>.</u>	- · -
		(City/State/Zip)			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

File Number \_\_\_\_\_0071010-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

hereby certify that

CIGARETTE RACING TEAM, LLC,
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 07, 2002,
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT
BUSINESS IN THE STATE OF ILLINOIS.



## In Testimony Whereof, I, hereto set

Desse White