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236 East 6th Avenue. Tallahassee, Florida 32303

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	CERTIFIED COPY	
ΚX	РНОТОСОРУ	
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((NT'L SPEEDWAY TH, CORPORATE NAME AND DOCUM	IENT #)
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Il name unavailable, enter alternate	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Liability	y Company," "L.L.C," or "	I.I.C.")
Delaware 2.		2		
(Jurisdiction under the law of v	shich foreign limited liability company is organized)	3. (FEI number, if applicable)		
Upon Registration				
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	istration.) penalty liability)	_	
1855 E. Main Street, S	Ste 14-7	1855 E. Main Street, Ste 14-7	20	_
Street Address of Principal Office)		(Mailing Address)	22 ,	
Spartanburg, SC 2930	7	Spartanburg, SC 29307		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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			PH PH	· · · · · · · · · · · · · · · · · · ·
7. Name and street addre	ss of Florida registered agent: (P.O. Box 1	NOT acceptable)	ન: 56	•
Name:	Universal Registered Agents, Inc.			
Office Address:	1317 California Street			
	Tallahassee	32304 , Florida	_	
	(City)	(Zip code)		
designated in this applica to comply with the provise	stance: egistered agent and to accept service of pro- tion, I hereby accept the appointment as r ions of all statutes relative to the proper a s of my position as registered agent.	egistered agent and agree to act in the	is capacity. I furth	ter agre

(Registered agent's signature)

Kent Rockwell, CEO for Universal Registered Agents, Inc.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: ______ **■**Manager Name: _____ □Manager Address: 1855 E. Main Street, Ste 14-7 □ Member Address: ☐Member Spartanburg, SC 29307 □ Authorized ☐ Authorized Person Person □Other_____ Other____ □Other____ □Other □Manager Name: _____ □Manager Name: ☐ Member Address: _____ Address: ☐ Member ☐ Authorized □ Authorized Person Person □Other_____ □Other_ Other____ □Other_ Name: □Manager □Manager Name: ____ □Member Address: ____ □Member Address: _____ ☐ Authorized ☐ Authorized Person Person □Other____ □Other____ □Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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. /s/ D. Benjamin Graves Signature of an authorized person D. Benjamin Graves Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "INT'L SPEEDWAY TH, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIFTEENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INT'L SPEEDWAY TH, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203926523

Date: 07-15-22

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