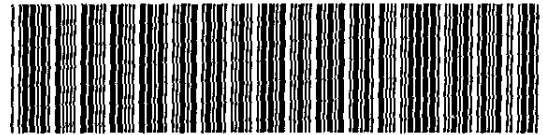


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03 MAY 29 AM 10:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: HIGHLANDS PROFESSIONAL MOTORCYCLE TRAINING CORP I
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

LESLIE L. TOTTEN

Name (Printed or typed)

2805 TAMiami TRAIL

Address

PUNTA GORDA, FL 33950

City, State & Zip

941-639-0680

Daytime Telephone Number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

HIGHLANDS PROFESSIONAL MOTORCYCLE TRAINING CORP I

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

574 AZALEA DRIVE
PORT CHARLOTTE, FL 33952

ARTICLE III SHARES

The number of shares of stock is:

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

LESLIE TOTTEN
2805 TAMiami TRAIL
PUNTA GORDA, FL 33950

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ANTHONY M. BROWN
574 AZALEA DRIVE
PORT CHARLOTTE, FL 33952

Having been named as registered agent 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

Leslie D. Totten SA
Signature/Registered Agent

5/23/03
Date

Anthony M. Brown
Signature/Incorporator

5/23/03
Date