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| (Requestor | s Name) | |
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| (City/State/. | Zip/Phone #) | |
| PICK-UP | WAIT MAIL | |
| | | |
| (Business E | Entity Name) | |
| | | |
| (Document | Number) | |
| Certified Copies C | ertificates of Status | |
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| Special Instructions to Filing Of | ficer: | |
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Office Use Only



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15/11/23

TRANSMITTAL LETTER

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

| Enclosed are an orig | inal and one (1) copy of the artic | cles of incorporation and | a check for: | |
|---------------------------------------------------|----------------------------------------------|-------------------------------------|--------------------------------------------------------------|--|
| ☐ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status | |
| | | ADDITIONAL CO | PY REQUIRED | |
| FROM: STEPHEN CHRISTENSEN Name (Printed or typed) | | | | |
| 6345 S.W. 23RD STREET | | | | |
| MIRAMAR, FLA. 33023 City, State & Zip | | | | |
| 954-931-3018 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) | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| ARTICLE I NAME The name of the corporation shall be: RACING NUTS I | tnc. |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6345 5.W. 6 Miramar, 7 | 23 ^{RO} STREET F.A. 33023 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: RADIO / 7 | V SHOW |
| ARTICLE IV SHARES The number of shares of stock is: 2500 | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): | و من الای توانید و السان |
| STEPHEN CHRISTENSEN 6345S.W.23ROST. MIRAMAR, FLA. (PRESIDENT) | 03 OCT 14 SECRETARY TALLAHASSE |
| The name and Florida street address of the registered agent is: | T9 3 1 |
| STEPHEN CHRISTENSEN 63455.W. 23 ROST. | 2: H STAT LORI |
| MIRAMAK, FLA. 33023 | DE 6 |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: STEPHEN CHRISTENSEN 63455.W. 23ROST. MIRAMAR, FLA 33023 | |
| ************************ | ******** |
| Having been named as registered agent to accept service of process for the above stated co- certificate, flam familiar with and accept the appointment as registered agent and agree to ac | rporation at the place designated in this et in this capacity |
| Mintenan | 10-15-02 |
| Signature/Registered Agent | Date |

15-03 Date

Chris tensor
Signature/Incorporator