

Division of Corporations

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**P05000044787****Florida Department of State**

Division of Corporations

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**To:**

Division of Corporations

Fax Number : (850) 205-0381

**From:**

Account Name : ARTURO F. HERNANDEZ &amp; ASSOC. P.A.

Account Number : I19980000084

Phone : (305) 825-0988

Fax Number : (305) 828-8565

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**FLORIDA PROFIT CORPORATION OR P.A.****MONACO KART OF AMERICA, INC.**

Certificate of Status	1
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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be:

MONACO KART OF AMERICA, INC.

ARTICLE II PRINCIPAL OFFICE

3990 N.W. 132nd Street  
Opalocka, Florida 33054-4535

ARTICLE III SHARES

The number of shares of Stocks that this Corporation is authorized to have outstanding at any one time is: 50 (fifty) Shares of Common Stock No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

Giuliano Gazza  
3990 N.W. 132nd Street, Opalocka, Florida 33054-4535

ARTICLE V INCORPORATOR


Giuliano Gazza  
3990 N.W. 132nd Street, Opalocka, Florida 33054-4535

ARTICLE VI DIRECTOR(s)

This Corporation shall have ONE Director(s) initially. The number of Directors may be increased or diminished from time to time in such manner as may be prescribed by the By-Laws, but shall never be less than ONE

ARTICLE VII INITIAL DIRECTOR(s) AND OFFICER(s)

Giuliano Gazza, Chairman of the Board, President, Secretary & Treasurer  
3990 N.W. 132nd Street, Opalocka, Florida 33054-4535

  
\_\_\_\_\_  
Signature/Incorporator

March 24, 2005  
\_\_\_\_\_  
Date:

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Having been named as Registered Agent and to accept service of process for the above stated corporation and the place designated in this certificate, I 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.

  
\_\_\_\_\_  
Signature Registered Agent

March 24, 2005  
\_\_\_\_\_  
Date:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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