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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

KTA MOTORSPORTS INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION OF

KTA MOTORSPORTS INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

KTA MOTORSPORTS INC.

The principal place of business of this corporation shall be: 1371 West 35th Street, Hialeah, Florida 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

100 Shares At \$1.00 Far Value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

(P) ALBIDA JIMENEZ - 1371 WEST 35th STREET, HIALEAH, FL 33012

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

ALEIDA JIMENEZ 1371 WEST #%TH STREET HIALEAH, FL 33012

JULY	2005	-	
	, ,		Signature(s) of Incorporate
		·	Still in the
			ALBIDA JIMENEZ

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the	-			
2. The name and a	ddress of the regis	tered agent an	d office is:	,
ALEIDA JIMENE	z 1371 West 35ti	h STREET		
	(P.O. BOX NO	OT ACCEPTA	BLE)	•
HIALBAH, FL	33012			
	(CITY/S	STATE/ZJP)	1 0	,
		Signature_		inat
		Title_	PRESIDENT	<u> </u>
		Date_	07/19/05	

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE

07/19/05