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SECRETARY OF STATE ALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Global Racing Services Inc (GRS)

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an origi	inal and one (1) copy of the arti	icles of incorporation and	i a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	**************************************	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED

FROM	, Robert Brown	
TROM	Name (Printed or typed)	
	640 Poyner Dr	
	Address	
٠, .	Longwood FL 32750	
	City, State & Zip	
,	888.493.8041	
	Daytime Telephone number	the Control of the Control
	accounting@xpmotorsports.c	om ort notification)

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)

	ME Global Racing Station shall be:		
	Principal street address	Mailing addr	ess, if different is:
640 Poyner Longwood			
ARTICLE III PUT The purpose for which	RPOSE the corporation is organized is:	sports Parts and	l Services
ARTICLE IV SH The number of shares o	ARES 1,000,000		14 MAY 27 I SECKETARY TALLAHASSE
	robert brown 640 Poyner Dr Longwood FL 32750	Name and Title: Address:	PH 2: 14 EFLORIDA
		<u> </u>	
Name and Title Address	640 Poyner Dr	Name and Title: Address:	

Name and	Title:	Name and Title:
Address		Address:
	REGISTERED AGENT	
The <u>name and Flo</u>	rida street address (P.O. Box NOT acceptable) of robert brown	the registered agent is:
Name:		
Address:	640 Poyner Dr	
	longwood fl 32750	
ARTICLE VII	INCORPORATOR	
The name and add	lress of the Incorporator is:	
Name:	robert brown	
Address:	640 poyner dr	
	longwood fl 32750	
Having been name this certificate, I an	ed as registered agent to accept service of process the fumiliar with and accept the appointment as registered Agent Required Signature/Registered Agent	for the above stated corporation at the place designated in istered agent and agree to act in this capacity Date
I submit this document to the D	ment and affirm that the facts stated herein are to experiment of State constitutes a third degree felony Required Signature/Incorporator	rue. I am aware that the false information submitted in a provided for in s.817.155, F.S. S-2(-) Date
		14 MAY 27 PM 2: SECRETARIASSIE FLOR