

P/5000077655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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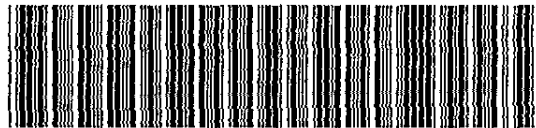
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 SEP 14 AM 11:01

EFFECTIVE DATE 09/10/15

09/22/15

## COVER LETTER

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

**SUBJECT:** MB Motorsports Corp

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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 COPY REQUIRED**

**FROM:** MB Motorsports Corp

\_\_\_\_\_  
Name (Printed or typed)

651 NW Enterprise Dr Suite 110

\_\_\_\_\_  
Address

Port Saint Lucie, Fl 34986

\_\_\_\_\_  
City, State & Zip

773.431.9107

\_\_\_\_\_  
Daytime Telephone number

mbmotorsportsrepair@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report 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)

**ARTICLE I NAME**

The name of the corporation shall be: MB Motorsports Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
651 NW Enterprise Dr Suite 110  
Port Saint Lucie, Fl 34986

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Porsche engine repair

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Marcin Biernacki-President

Name and Title:

Address: 651 NW Enterprise Dr

Address:

Suite 110

Port Saint Lucie, Fl 34986

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Marcin Biernacki  
Address: 651 NW Enterprise Dr Suite 110  
Port Saint Lucie, FL 34986

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Marcin Biernacki  
Address: 651 NW Enterprise Dr Suite 110  
Port Saint Lucie, FL 34986

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**ARTICLE VIII EFFECTIVE DATE:** 09/10/2015

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 \_\_\_\_\_  
Required Signature/Registered Agent Date 09/10/2015

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

 \_\_\_\_\_  
Required Signature/Incorporator Date 09/10/2015