## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION WESTON MOTORSPORTS INC

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Certificate of Status Certified Copy Page Count 03 Estimated Charge \$78.75

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3/3/23, 10:09 AM

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
JOAQ <u>UIN HE</u>	
4026 PEPPER	· ·-
WESTON, FLC	
<u>ARTICLE JII</u>	SHARES: The number of shares of stock is: 100
ARTI	CLE IV INITIAL DIRECTORS AND/OR OFFICERS:
OAQ <u>UIN HERN</u>	ANDEZ PVTS
SABR <u>IELA HER</u>	NANDEZ VP
<del></del>	
ARTICLE V	INITIAL REGISTERED AGENT AND STREET ADDRESS
	Florida street address (PO Box not acceptable) of the registered agent
OAQ <u>UIN HERN</u>	ANDEZ
026 PEPPERTE	REE DRIVE
VEST <u>ON , FLOR</u>	
ARTICLE VI	INCORPORATOR: The name and address of the Incorporator
AQU <u>IN HERNA</u>	NDEZ
26 P <u>EPPERTRI</u>	EE DRIVE
EST <u>ON, FLORII</u>	NA 22222

3/3/23, 10:16 AM

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## Required Signatures:

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

Registered Agent 3/2/23

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.

Incorporator

Flote