

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 23 PM 1:59

REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 TIME _____ CK No. _____
 BY BAA _____

WALK-IN
 Will Pick Up 6:23 12pm

RE: Moto-Motors, Inc

95 JUN 23 AM 10:13

DIVISION OF CORPORATION

C.C. FEE. DISBURSED

Capital Express
☒ Art. of Inc. File
☐ Corp. Record Search
☐ Ltd. Partnership File
☒ Foreign Corp. File
☐ () Cert. Copy(s)
☐ Art. of Amend. File
☐ Dissolution/Withdrawal
☐ C U S-
☐ Fictitious Name File
☐ Name Reservation
☐ Annual Report/Reinstatement
☐ Reg. Agent Service
☐ Document Filing
☐ Corporate Kit
☐ Vehicle Search
☐ Driving Record
☐ Document Retrieval
☐ UCC 1 or 3 File
☐ UCC 11 Search
☐ UCC 11 Retrieval
☐ File No.'s, Copies
☐ Courier Service
☐ Shipping/Handling
☐ Phone ()
☐ Top Priority
☐ Express Mail Prep.
☐ FAX () pgs.

300001521793

-06/23/95--01039--011

***122.50 ***122.50

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit Invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION
of

MOTO MOTORS, INC.

3001-1 FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 23 PM 1:59

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATION NAME

The name of the corporation shall be:

MOTO MOTORS, INC.

ARTICLE II - PURPOSE

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

ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue ONE HUNDRED shares (100) of "No Par Value" (\$0.00) Common Stock, which shall be designated "Common Share.."

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

1003 NORTH CENTRAL AVENUE
KISSIMMEE, FLORIDA 34741

The name and street address of the Initial Registered Agent of this corporation is:

ROBERT ROTHFELD
1003 NORTH CENTRAL AVENUE
KISSIMMEE, FLORIDA 34741

ARTICLE V - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time-to-time by the By-Laws, but shall never be less than one (1).

The names and addresses of the initial director(s) of the corporation are as follows:

ROLF MACKENS
1003 NORTH CENTRAL AVENUE
KISSIMMEE, FLORIDA 34741

ROBERT ROTHFELD
1003 NORTH CENTRAL AVENUE
KISSIMMEE, FLORIDA 34741

ARTICLE VI - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.


ARTICLE VII - INCORPORATOR(S)

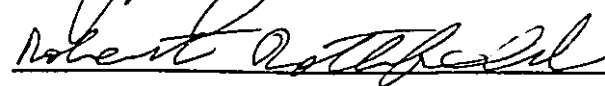
The names and addresses of the incorporator(s) signing these Articles of Incorporation are as follows:

ROLF MACKENS
1003 NORTH CENTRAL AVENUE
KISSIMMEE, FLORIDA 34741

ROBERT ROTHFELD
1003 NORTH CENTRAL AVENUE
KISSIMMEE, FLORIDA 34741

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 22ND Day of June, 1995.

X 



STATE OF FLORIDA
COUNTY OF OSCEOLA

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

x [Signature]
Signature

Personally Known
Form of Identification

[Signature]
Signature

PERSONALLY KNOWN
Form of Identification

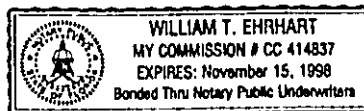
known to me and known to be the person who executed the foregoing Articles of Incorporation, who acknowledged before me that he executed these Articles of Incorporation, that I relied upon the form(s) of identification of the above named person(s) as indicated opposite each name.

WITNESS my hand and official seal this 22ND Day of June, 1995.

(SEAL)

[Signature]
Notary Public
State of FLORIDA

My Commission Expires:



DESIGNATION OF AND ACCEPTANCE
BY REGISTERED AGENT

2001-4 of 4
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 23 PM 1:59

The following is submitted in compliance with the laws of the State of Florida. MOTO MOTORS, INC., a corporation organizing under the laws of the State of Florida, with its principal office located at:

1003 NORTH CENTRAL AVENUE
KISSIMMEE, FLORIDA 34741

has named ROBERT ROTHFELD, whose address is:

1003 NORTH CENTRAL AVENUE
KISSIMMEE, FLORIDA 34741

as its Agent to accept service of process within this State.

ACCEPTANCE:

I agree as Registered Agent to accept service of process; to keep the office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above designated address) in some conspicuous place in the office as required by law.

Registered Agent:

Robert Rothfeld

STATE OF FLORIDA

COUNTY OF OSCEOLA

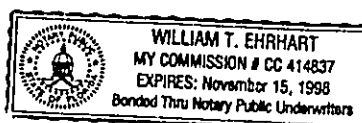
BEFORE ME, the undersigned authority, this day personally appeared ROBERT ROTHFELD, who, after being duly sworn, deposes and says that the facts and matters contained above are true and correct, and that he has executed the same for the purposes expressed herein.

WITNESS my hand and official seal this 22ND Day of June, 1995.

(SEAL)

William T. Ehrhart
Notary Public
State of FLORIDA

My Commission Expires:



FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 OCT 1, PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000049228 (6)

1. Corporation Name

MOTO MOTORS, INC.

Principal Place of Business

1003 NORTH CENTRAL AVE
KISSIMMEE FL 34741

Mailing Address

1003 NORTH CENTRAL AVE.
KISSIMMEE FL 34741

REINSTATEMENT 96.00

3. Date Incorporated or Qualified
06/23/1995

3a. Date of Last Report

4. FEI Number
59-3321090

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

ROTHFELD, ROBERT
1003 NORTH CENTRAL AVE.
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81. Name
SANDY H. LUCKETT

82. Street Address (P.O. Box Number is Not Acceptable)

1003 NORTH CENTRAL AVE

83. City

KISSIMMEE

84. State

FL

85. Zip Code

34741

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE

Sandra B. Mortham
Signature of Secretary of State or authorized representative of the Division of Corporations

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☒ DELETE

NAME

MACKENS, ROLE

STREET ADDRESS

1003 NORTH CENTRAL AVE.
KISSIMMEE FL 34741

CITY - ST - ZIP

TITLE

D

☒ DELETE

NAME

ROTHFELD, ROBERT

STREET ADDRESS

1003 NORTH CENTRAL AVE.
KISSIMMEE FL 34741

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12

1.1 TITLE

PRESIDENT & SECRETARY

☐ Change ☒ Addition

1.2 NAME

SANDY H. LUCKETT

1.3 STREET ADDRESS

1003 NORTH CENTRAL AVE

1.4 CITY - ST - ZIP

KISSIMMEE FL 34741

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

600001964346
-10/03/96--01087--024
***375.00 ***375.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.4, changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/96

931-1111

Daytime Phone

P95000049228

Requestor's Name

SANDRA H. LUCKETT
1016 N. MONARCH DR
PAYSON AZ. 85541

Office Use Only

CORPORATION NAME(S)

MENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

600002269796--9
-08/18/97--01089--007
*****35.00 *****35.00

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

97 AUG 12 PM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

August 5, 1997

To: Division of Corporations, Amendment Section
Attn: Karen Gibson

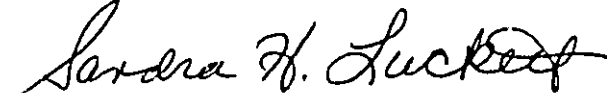
Dear Mrs. Gibson,

Please accept this letter, as my letter of resignation as Vice-President or any other official position from Moto Motors, Inc. I have not been with the company since May of 1997. Since the companys president failed to delete me from my position of Vice-President, I am taking this action myself.

Any renewal of application, dated as far back as May of 1997, that does have my name in any position of the company, has been completed forged and I will like for this statement to be added on to this file, so there is no misunderstanding that the company used my name without my authorization. I have no immediate or future plans in obtaining an official position or any type of position with Moto Motors, Inc.

Thank you for your assistance in the matter

Sincerely,


Sandra H. Lockett

57 AUG 12 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA