

P96000034925

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
APR 19 1996
TALLAHASSEE, FLORIDA

SUBJECT: Speed Trials, Inc.

I enclose an original and one copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$70.

SIGNED: Steve Richardson

200001787612
-04/19/96--01084--008
*****70.00 *****70.00

From:

Steve Richardson
Name

18506 Turtle Drive
Address

Lutz FL 33549
City State Zip

(813) 948-3900
Telephone Number

4/23/96
TD

ARTICLES OF INCORPORATION •

OF

Speed Trials, Inc.

ARTICLE I NAME

The name of the corporation shall be: Speed Trials, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

18506 Turtle Drive
Lutz, FL 33549

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Steve Richardson
18506 Turtle Drive
Lutz, FL 33549

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Steve Richardson
18506 Turtle Drive
Lutz, FL 33549

The undersigned has executed these Articles of Incorporation this 16th day of April 1996

Steve Richardson
Steve Richardson, Incorporator

FILED
APR 16 1996
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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 corporation is:

Speed Trials, Inc.

2. The name and address of the registered agent and office is:

Steve Richardson
18506 Turtle Drive
Lutz, FL 33549

Signature: _____

Steve Richardson

Title: President

Date: April 16, 1996

FILED
APR 19 1996
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: _____

Steve Richardson

Date: 4/16/96

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

EIN _____
OMB No. 1545-0001

► Keep a copy for your records.

1 Name of applicant (Legal name) (See instructions.)
SPEED TRIALS INC

2 Trade name of business (if different from name on line 1) _____

3 Executor, trustee, "care of" name _____

4a Mailing address (street address) (room, apt., or suite no.)
18506 Turtle Dr

4b City, state, and ZIP code
Lutz, FL 33549

5a Business address (if different from address on lines 4a and 4b) _____

5b City, state, and ZIP code _____

6 County and state where principal business is located
HILLSBOROUGH CO.

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ►
STEVE RICHARDSON 240-74-1835

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited liability co.	<input type="checkbox"/> Plan administrator-SSN
<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard	<input checked="" type="checkbox"/> Other corporation (specify) ► <u>LIMITED LIABILITY CO</u>
<input type="checkbox"/> State/local government		<input type="checkbox"/> Trust
<input type="checkbox"/> Other nonprofit organization (specify) ► _____		<input type="checkbox"/> Federal Government/military
<input type="checkbox"/> Other (specify) ► _____		<input type="checkbox"/> Church or church-controlled organization

(Enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State <u>FLORIDA</u>	Foreign country _____
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9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) ► <u>HORSE PURCHASING</u>	<input type="checkbox"/> Banking purpose (specify) ► _____
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Changed type of organization (specify) ► _____
<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify) ► _____
	<input type="checkbox"/> Other (specify) ► _____

10 Date business started or acquired (Mo., day, year) (See instructions.)
APRIL 12, 1996

11 Closing month of accounting year (See instructions.)
DECEMBER 31

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ► N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) ►

Nonagricultural	Agricultural	Household
<u>0</u>		

14 Principal activity (See instructions.) ► THOROUGHBRED HORSE PURCHASE & RACING

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ► _____

16 To whom are most of the products or services sold? Please check the appropriate box.

<input type="checkbox"/> Public (retail)	<input checked="" type="checkbox"/> Other (specify) ► <u>OTHER HORSE TRADERS</u>	<input type="checkbox"/> Business (wholesale)
		<input type="checkbox"/> N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☒ Yes ☐ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► <u>SPYNET, INC.</u>	Trade name ► <u>SPYNET, INC.</u>
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year) ► <u>4/16/96</u>	City and state where filed ► <u>TALLAHASSEE FL.</u>	Previous EIN _____
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► STEVE RICHARDSON PRESIDENT 813-948-1025

Signature ► Steve Richardson Date ► 4/16/96

Note: Do not write below this line. For official use only

Please leave blank ►	Geo	Ind.	Class	Size	Reason for applying
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