

P14000089553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

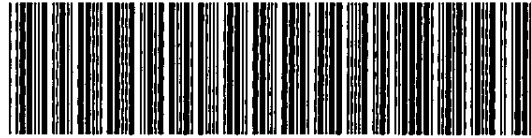
(Business Entity Name)

(Document Number)

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

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14 OCT 30 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*J* 11/3/14

COVER LETTER

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

SUBJECT: DRYGOLF, INC.  
(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: CHARLES HAROLD STONE  
Name (Printed or typed)

10538 PLANTATION BAY DRIVE  
Address

TAMPA, FL 33647-3300  
City, State & Zip

813-503-1183  
Daytime Telephone number

stonetampa@reagan.com  
E-mail address. (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA  
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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: Dry Golf, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

10538 PLANTATION BAY DR.  
TAMPA, FL 33647

Mailing address, if different is:  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MANUFACTURE AND SALES  
OF GOLF RELATED ACCESSORIES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLES H. STONE, PRES. Name and Title: \_\_\_\_\_

Address: 10538 PLANTATION BAY DR. Address: \_\_\_\_\_  
TAMPA, FL 33647

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: CHARLES H. STONE  
 Address: 10538 PLANTATION BAY DR.  
TAMPA, FL 33647

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHARLES H. STONE  
 Address: 10538 PLANTATION BAY DR.  
TAMPA, FL 33647

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

C. H. Stone \_\_\_\_\_ 10/27/14  
 Required Signature/Registered Agent Date

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.

C. H. Stone \_\_\_\_\_ 10/27/14  
 Required Signature/Incorporator Date

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