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2004 DEC -1 PA 2: IC SECRETARY OF STATE TALLAHASSEE, FLORIDA

N 12/02/04

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 2nd Swing, Inc.		
	oration - must include suffix)	······
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.		
Please return all correspondence concerning this m	natter to the following:	
Kar	rl Larson	
(Nan	ne of Person)	
2nc	d Swing, Inc.	
(Firm	n/Company)	PSE SE
5810 Ba	aker Raod Suite 100	器 图·
(,	Address)	ASS.
Minneto	onka, MN 55345	SEE OF
(City/S	tate and Zip code)	F SI
For further information concerning this matter, plea	ase call:	1 C ATE IRIDA
Karl Larson at (952	345-3743	
(Name of Person) (A	rea Code & Daytime Telephone Number)	_
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Fili Certified Copy Certificate Certified 6	of Status &



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 19, 2004

KARL LARSON 2ND SWING, INC. 5810 BAKER ROAD SUITE 100 MINNETONKA, MN 55345

SUBJECT: 2ND SWING, INC. Ref. Number: W04000042703

We have received your document for 2ND SWING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the address information in section 7.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Letter Number: 704A00066039

Lee Rivers Document Specialist 2014 DEC -1 PM 2: 10
SECRETARISSEE, FLORIBA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	2nd Swing, Inc.							
	(Enter name of corporation; must include "INCORPORAT "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ΈD,	" "COMPANY," "CORPORATION,"					
	(If name unavailable in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business in Florida)					
2.	MINNESOTA	_ 3.	41-1870348 (FEI number, if applicable)					
4	MINNESOTA (State or country under the law of which it is incorporated)		(FEI number, if applicable)					
4.	MARCH 10, 1997 (Date of incorporation)	5.	PERPETUAL					
	(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")					
6.								
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)								
7	5810 Raker Road Suite 100		Minnetonka, MN 55345					
<i>,</i>	(Principal office	add	ress)					
	5810 Baker Road Snite 100 Minnetonka MN, 55345							
7. 5810 Baker Road Suite 100 Minnetonka, MN 55345 (Principal office address) S810 Baker Road Snite 100 Minnetonka MN, 55345 (Current mailing address)								
PO CO								
8. RETAIL SALE OF NEW AND USED GOLF EQUIPMENT (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)								
9.	Name and <u>street address</u> of Florida registered agent:).4)	J. Box NOT acceptable)	뒤 교				
	Name: CT CORPORATION		FLO	ST 2				
Of	fice Address: 1200 PINE ISLAND ROAD			TIE.				
	PLANTATION		, Florida 33324 (Zip code)					
	(City)	-	(Zip code)					
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties,								
	d I am familiar with and accept the obligations of m							

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Andrea Mitlyng

12. Names and business addresses of officers and/or directors:

A. DIRECTORS Chairman: DAVID POMIJE Address: 5810 BAKER ROAD SUITE 100 MINNETONKA, MN 55345 Vice Chairman: _____ Address: Director: __ Address: _ Director: Address: __ **B. OFFICERS** President: /SECRETARY SIMON KALLAL 5810 BAKER ROAD SUITE 100 MINNETONKA, MN 55345 Address: Vice President: Address: ___ Secretary: /ASSISTANT SECRETARY MARY SIM 5810 BAKER ROAD SUITE 100 MINNETONKA, MN 55345 Address: Treasurer: /CFO **ROBERT HIBEN** 5810 BAKER ROAD SUITE 100 MINNETONKA, MN 55345 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

(Typed or printed name and capacity of person signing application)

Assistant Secretory

(Signature of Director or Officer listed in number 12 of the application)

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

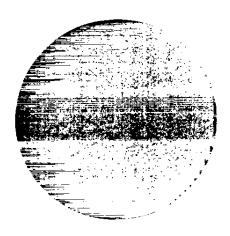
Name: 2nd Swing, Inc.

Date Formed: 03/10/1997

Chapter Governed By: 302A

This certificate has been issued on 11/01/04.

SECRETARY OF STATE AND A MASSEE, FLORIDA



Mary Kiffmeyer Secretary of State.