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SECRETARY OF STATE
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COVER LETTER

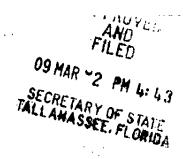
TO: New Filing S Division of C				•	
SUBJECT: HORSE	SHOE PITCHING PROF	ESSIONAL TOU	R CORPORATION	<u> </u>	
	(Name of Corp	oration – must in	nclude suffix)		
Dear Sir or Madam:					
	ation by Foreign Not for F ce", and check are submit				
Please return all corres	spondence concerning this	s matter to the fo	llowing:		
	MISSY NEELANDS	•			
	MICOT NECENTOC	(Name of Pe	rson)		
		•			
	HORSESHOE PITCHIN				
		(Firm/Comp	oany)		
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	PO BOX 5435				, but
4.,	PO BOX 5435	(Addres:	s) 7		
·	LAKE WYLIE, SC 29710	n			
	LAKE WILLE, 30 297 IC	(City/State and Z	Cip Code)		
For further information	n concerning this matter,	please call:			
		400	255 4425		
SHANNON FOSTER (Name	e of Person)	at (423)	257-4135 & Daytime Teleph	one Number)	
(, \ <u></u>	, o C.	(Med Code	ce buy inne releps	ione (valueer)	
MAILING AI New Filing Se Division of Co	ction		STREET/COUR New Filing Section Division of Corpo		
P.O. Box 6327			Clifton Building	Stations	
Tallahassee, Fl	L 32314		2661 Executive C Tallahassee, FL 3		•
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☑ \$70.00 Filing Fee	\$78.75 Filing Fee a Certificate of State	·—	Filing Fee & Ced Copy	\$87.50 Filing "F Certificate of S Certified Copy	tatus &

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. HORSESHOE PITCHING PROFESSIONAL TOUR CORPORATION (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbrevi import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if no in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	ations of lik ot so contair	e ned	
2. TENNESSEE 3.45-0591976		_	
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. MARCH 11, 2008 5. PERPETUAL			
4. MARCH 11, 2008 (Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "	perpetual")	-	
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine	penalty iabil	īty.)	
7. 181 HONEY BEE LANE, CHUCKEY TN 37641 (Principal office address)	·	_	
PO BOX 5435, LAKE WYLIE SC 29710			
(Current mailing address)	SECRE	99 MAR	
8. HORSESHOE TOURNAMENTS (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	HASS	~~ა	
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	OF STA	PH 4: 42	7
Name: RON DECKARD	a A	2	
Office Address: 7302 BROOKVIEW CIRCLE			
TAMPA , Florida 33634 (Zip Code)			
(a.g.)			
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corpora designated in this application, I hereby accept the appointment as registered agent and agree to act if further agree to comply with the provisions of all statutes relative to the proper and complete performations, and I am familiar with and accept the obligations of my position as registered agent.	in this capa	icity. I	ŗ
Ron Dectard (Registered Agent's signature)			

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.



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

A. DIRECTORS	
Chairman:	
Address:	
·	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: SHANNON FOSTER	
Address: 181 HONEY BEE LANE	
CHUCKEY, TN 37641	
Vice President: RON TAYLOR	
Address: 1901 MOLLY CIRCLE	
YORK, SC 29745	
Secretary:	
Address:	
Treasurer: MALISA NEELANDS	
Address: 609 FOX DEN CT, YORK SC 29745	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Maliser Delands (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	ors.
(Organizate of Charman, vice Charman, of any Officer fisted in number 12 of the application)	

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

Secretary of State **Division of Business Services** 312 Rosa L. Parks Avenue 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 01/15/2009 REQUEST NUMBER: 09015520 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 03/11/2008 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0572306 JURISDICTION: TENNESSEE

HORSESHOE PITCHING PROFESSIONAL TOUR PO BOX 5435

REQUESTED BY: HORSESHOE PITCHING PROFESSIONAL TOUR PO BOX 5435

LAKE WYLIE, SC 29710

LAKE WYLIE, SC 29710

CERTIFICATE OF EXISTENCE

I, TRE HARGETT, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"HORSESHOE PITCHING PROFESSIONAL TOUR"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 01/15/09

FEES RECEIVED:

\$20.00

\$0.00

FROM: HORSESHOE PITCHING PROFESSIONAL TOUR PO BOX 5435

TOTAL PAYMENT RECEIVED:

LAKE WYLIE, SC 29710-0000

RECEIPT NUMBER: 00004513571 ACCOUNT NUMBER: 00616932



SECRETARY OF STATE