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J. Shivers MAR 24 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NATIONAL GOLF COURSE RESTAURANT ASSOCIATION INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DANIEL LUNDH

Name of Person

NATIONAL GOLF COURSE RESTAURANT ASSOCIATION INC.

Firm/Company

401 E. LAS OLAS BLVD. # 130-539

Address

FORT LAUDERDALE, FLORIDA, 33301

City/State and Zip code

DANIEL@NGCRA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL LUNDH

Name of Person

at (954) 296-3998

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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 & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2010 MAR 23 AM 10:33

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**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. NATIONAL GOLF COURSE RESTAURANT ASSOCIATION, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 26-0715829
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8-9-2007 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 3-18-2010
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 401 E. LAS OLAS BLVD #130-539, FORT LAUDERDALE, FL 33301
(Principal office address)

401 E. LAS OLAS BLVD #130-539, FORT LAUDERDALE, FL 33301
(Current mailing address)

8. EXPANSION
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: STEVE COHEN

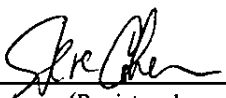
Office Address: 105 QUEENS WAY

PONTE VEDRA BEACH, Florida 32082
(City) (Zip code)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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, and I am familiar with and accept the obligations of my position as registered agent.


(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ANDERS FORSBRAND

Address: 205 PABLO RD.

PONTE VEDRA BEACH, FL 32082

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JOHN DANIEL T. LUNDH

Address: 401 E. LAS OLAS BLVD. #130-539

FORT LAUDERDALE, FL 33301

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

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

14. _____

DANIEL LUNDH, PRESIDENT

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

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2010 MAR 23 AM 10:33
CLERK OF DISTRICT COURT
FORT LAUDERDALE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL GOLF COURSE RESTAURANT ASSOCIATION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL GOLF COURSE RESTAURANT ASSOCIATION, INC." WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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2010 MAR 23 AM 10:33
RECEIVED
DEPT. OF STATE
WILMINGTON, DELAWARE

4404531 8300

100219288



You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7838101

DATE: 02-26-10