F12000000399

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE

Office Use Only

W12-2956

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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2012

LEE MILLER 107 COMMERCE WAY SANFORD, FL 32771

SUBJECT: FEEL GOLF CO., INC. Ref. Number: W12000002956

We have received your document for FEEL GOLF CO., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

It appears that the Registered Agent AND the name of the Pres/CEO signingfor the document is Lee Miller. But the two signatures listed for said individual appear to be different; please correct/clarify.

Please return the corrected original and one copy of 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) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 612A00001100

MR Chan's telecom 1-24-12

Per our telecom 1-24-12

Jind corrections descend

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www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: FEEL GOLF CO, 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:
LEE Miller CED Name of Person
FEEL GOLF CO. INC
Firm/Company
107 Commence Way
Address
107 Commence Way Address Saw Rord H 32771 City/State and Zip code Lee & Lett Governer E-mail address: (to be used for future annual report notification)
City/State and Zip code
Lee @ fet LGOUF, Net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lee MMer, CED at (321) 397-2072
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building P.O. Box 6327 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 Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. FEEL GOLF CO., 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 busing	ness in Florida)
2. CALIPORNIA 3. 77-0532590	
2. CALPornia 3. 77-0532590 (State or country under the law of which it is incorporated) (FEI number, if applicable))
4. (Date of incorporation) 5. Perpetuse (Duration: Year corp. will cease to exist of	
(Date of incorporation) (Duration: Year corp. will cease to exist of	or "perpetual")
6 Jure 15th 2011	
(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 107 Commente WAY SANFORD, 7L 3277	<u>/</u>
(Principal office address)	
SAME	
(Current mailing address)	
8. Rox Pro Rit	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
(1 dipose(s) of corporation authorized in nome state of country to be carried out in state of Florida)	
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name: LEE Mulle, CEO Office Address: 107 Commerce Way Son Florida 32771 (City) , Florida (Zip code)	The second
100 (10)	2 7
Office Address: 101 Commerce Way	MA P F
SANFORD Florida 3271	
(City) (Zip code)	
10. Registered agent's acceptance:	्राष्ट्रिक् र
Having been named as registered agent and to accept service of process for the above stated corpo	ration at the place
designated in this application, I hereby accept the appointment as registered agent and agree to ac	
further agree to comply with the provisions of all statutes relative to the proper and complete perfo and I am familiar with and accept the obligations of my position as registered agent.	ormance of my duties,
The state of the position as regions on agent	
Swiller (COT)	
Car F. F. F. F.	
(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.

in Val enting to the state of
12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: LEE Mille
Address: 1D) Compresce 10044
54 Lores, 7L 32771
Vice Chairman:
Address:
Director: DAVID Offerbach
Address: 107 Commerce WAY
SAN GOLD, FL 32771
Director: DAVID WOLLELL
Address: 107 Commerce Wag SANGORD, TL 32771
SANGORD, FL 32771 FB & T
B. OFFICERS
President: LEGMMe
Address: 107 Commerce Way
SA-PON FL, 32771
Vice President:
Address:
Secretary: DAND DITEBACH
Address: 107 Commerce WAS, SAN FORD, 70 3277)
Treasurer: Lee Miller, CFO
Address: 107 Commence Way, SAN Low, Fl 32771
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.
14. Lee Miller, Pres/CED
(Typed or printed name and capacity of person signing application)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

12.

FEEL GOLF CO., INC.

FILE NUMBER:

C2218404

FORMATION DATE:

JURISDICTION:

02/14/2000

TYPE:

DOMESTIC CORPORATION

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 23, 2011.

> **DEBRA BOWEN** Secretary of State