# F1600001105

(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:  CERT. WIV-13126  R.A. 5190  Dir 106. 5190					

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2016

ANDREA LYNCH 9 TIBURON LANE MALVERN, PA 19355

SUBJECT: HANSE GOLF COURSE DESIGN, INC.

Ref. Number: W16000013126

We have received your document for HANSE GOLF COURSE DESIGN, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 116A00003657

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Hanse Golf Course Design	, Inc.	
	e of corporation	- must include suffix
Dear Sir or Madam:		
	ate of Good Star	Authorization to Transact Business in Florida," adding" and check are submitted to register the ess in Florida.
Please return all correspondence conce	rning this matte	to the following:
Andrea Lynch		
	Name of	Person
Hanse Golf Course Design, Inc.		
	Firm/Com	pany
9 Tiburon Lane		
	Addre	ess
Malvern, PA 19355		
	City/State a	nd Zip code
contact@hansegolfdesign.com		
E-mail addr	ess: (to be used	for future annual report notification)
For further information concerning this	s matter, please	call:
Andrea Lynch	at (610 ) 651-2977	
Name of Person	Area Cod	e Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
\$70.00 Filing Fee		3 \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORAT	'ION,"			
(If name unavails	able in Florida, enter alternate corporate name a	dopted for the purpose of transa	acting business in Florida)			
Pennsylvania 3		1 27-270 479	· 27-270 2771			
(State or country under the law of which it is incorporated)		(FEI number,	(FEI number, if applicable)			
05/11/1993	5					
(Date of incorporation) 5.		(Date of duration, if o	(Date of duration, if other than perpetual)			
7/1/2015						
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15					
9 Tiburon Lane, N	Malvern, PA 19355	•	••			
		al office address)	a victoria de la Maria de Mari			
Name and stree	(Current mailin et address of Florida registered agent: (P.C	g address, if different)  D. Box <u>NOT</u> acceptable)				
	,	-	TAHASSI			
Name:	et address of Florida registered agent: (P.C	-	IS HAR -8 A			
Name:	et address of Florida registered agent: (P.C.C.T. Corporation System  1200 South Pine Island Road	D. Box <u>NOT</u> acceptable)	IS HAR -8 A			
	et address of Florida registered agent: (P.C.C.T. Corporation System  1200 South Pine Island Road	-	IS HAR -8 A			
Name:  Iffice Address:  Registered agilaving been namesignated in this arther agree to c	CT Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes refamiliar with and accept the obligations of CT Corporation S	D. Box NOT acceptable)  , Florida 33324 (Zip code)  ice of process for the above some as registered agent and color from position as registered a	Stated corporation at the page to act in this capacity performance of magent.			

10. 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.

11. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman:			
Address:	-,		······································
Vice Chairman:			· · - =.
Address:			
	-		
Director:	· · · · · · · · · · · · · · · · · · ·		
Address:			·
			···-
Director:	· · · · · · · · · · · · · · · · · · ·	2	
Address:		con	d care opinions.
	J. J.	337 303	Ann ermedde Ijchesterede
B. OFFICERS	/***-<		· m
President: Gilbert S. Hanse	FI ST	> 5	<u></u>
Address: 9 Tiburon Lane, Malvern, PA 19355	TATE ORIDA	55	
	•		
Vice President:			
Address: 721 Charlestown Circle, Palm Beach Gardens, FL 33410			
Secretary: Tracey W. Hanse			
Address: 9 Tiburon Lane, Malvern, PA 19355			
Treasurer:			
Address:		· · · · · · · · · · · · · · · · · · ·	
NOTE: If necessary, you may attach an addendum to the application listing additional	l officers an	d/or dir	rectors.
12. Substantial Signature of Director or Officer			
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) a	ffirms that t	he facts	s stated herein
are true and that he or she is aware that false information submitted in a document to t	he Departme	ent of S	tate constitutes
a third degree felony as provided for in s.817.155, F.S.  13			
13. <u>Gilbert S. Hanse</u> , President (Typed or printed name and capacity of person signing applications)	ation)		

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 03/01/2016

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

HANSE GOLF COURSE DESIGN, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE CONTRACTOR

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC160301110652-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx