

**F16000093381**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
THE RIDGE TURF TOUR FOUNDATION INC.**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$728.75

APR 22 2016

**S. YOUNG**

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**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

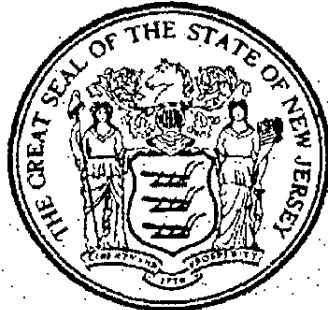
**THE RIDGE TURF TOUR FOUNDATION INC.**  
0101034867

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on November 24, 2014.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2015*

*I further certify that the registered agent and office are:*

UNITED STATES CORPORATION AGENTS, INC.  
330 CHANGEBRIDGE RD STE 101  
PINE BROOK, NJ 07058



*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 21st day of April, 2016*

*Ford M. Scudder*

Ford M. Scudder  
Acting State Treasurer

Certificate Number : 6071071973

Verify this certificate online at

[https://new1.state.nj.us/TYTR\\_StandingCeraJSP/Verify\\_Cert.jsp](https://new1.state.nj.us/TYTR_StandingCeraJSP/Verify_Cert.jsp)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 0703  
16 MAR 21 AM 9:34

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE RIDGE TURF TOUR FOUNDATION INC.  
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Imelda Vasquez

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 10th Floor

Address

Glendale, CA 91203

City/State and Zip Code

ridgeshow@aol.com

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
16 MAR 21 AM 9:34

For further information concerning this matter, please call:

Imelda Vasquez

Name of Person

at (323)  
Area Code

962-8600

Daytime Telephone Number

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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:

- ☐ \$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

# **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. THE RIDGE TURF TOUR FOUNDATION INC.**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. New Jersey 3. 47-2413507  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/24/2015 5. Perpetual  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 3 Wolverton Road, Asbury, NJ 08802  
(Principal office address)

3 Wolverton Road, Asbury, NJ 08802  
(Current mailing address, if different)

8. General charitable purpose  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

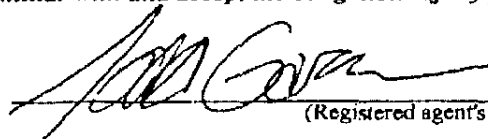
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Nona Garson

Office Address: 2144 Henley Place  
Wellington, Florida 33414  
(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, and I am familiar with and accept the obligations of my position as registered agent.*



Nona Garson

(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.

16 MAR 21 AM 9:34  
STATE OF FLORIDA  
TALLAHASSEE, FL 32399

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

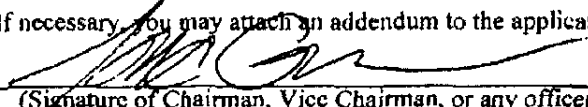
Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_Director: Nona Garson  
\_\_\_\_\_Address: 3 Wolverton Road Asbury, NJ 08802  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_**B. OFFICERS**President: Nona Garson  
\_\_\_\_\_Address: 3 Wolverton Road Asbury, NJ 08802  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_Secretary: Nona Garson  
\_\_\_\_\_Address: 3 Wolverton Road Asbury, NJ 08802  
\_\_\_\_\_Treasurer: Nona Garson  
\_\_\_\_\_Address: 3 Wolverton Road Asbury, NJ 08802  
\_\_\_\_\_**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Nona Garson, President  
(Typed or printed name and capacity of person signing application)FILED  
STATE  
SECRETARY OF STATE  
MILWAUKEE, WIS. 53233  
16 APR 21 AM 9:34