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(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
(Bı	usiness Entity Name	e)			
(Document Number)					
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COVER LETTER

TO:	FO: Registration Section Division of Corporations							
SUBJ	ECT:	Frontier Golf Inc.						
	_	Nam	e of corporation	n - mu	st include suffix			
Dear S	Sir or Mada	am:						
"Certi	ficate of E	pplication by Foreign xistence," or "Certific I foreign corporation to	ate of Good Sta	unding'	and check are subm			
Please	return all	correspondence conce	rning this matt	er to th	e following:			
Susan	Yackovich							
			Name o	f Perso	n			
Frontie	r Golf Inc.							
			Firm/Co	mpany	1			
3826 S	tate Route	31 East, P.O. Box 84						
			∧dd	ress				
Jones	Mills, PA 15	646						
			City/State	and Zi	o code			
S.Yack	ovich@fron	tiergolf.com						
		E-mail addr	ess: (to be used	for fu	ure annual report no	tification)		
For fu	rther infor	mation concerning this	matter, please	call:				
Nicholas Scigliano) 498-3005						
	Name o	f Person	Area Co		Daytime Telepho	one Number		
	Registration Division Clifton F	T/COURIER ADDRI tion Section of Corporations Building ecutive Center Circle see, FL 32301	ESS:		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations		
Enclos	sed is a che	eck for the following a	mount:					
□ \$70).00 Filing		ling Fee & e of Status		.75 Filing Fee & tified 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.

۱.	Frontier Golf Inc					
		orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp,")	.D.	"COMPANY," "CORPORATION	<u>,,,,</u>	
	Frontier Golf Cor	mpany				
	(If name unavaila	able in Florida, enter alternate corporate nar	ne	adopted for the purpose of transactin	g business in Florida)	
2.	Pennsylvania		3.	25-1753755		
	(State or country under the law of which it is incorporated)			(FEI number, if applicable)		
4.	10/27/1994		5.	Perpetual		
	(Date of incorporation)		• •	(Date of duration, if other than perpetual)		
6.						
7.	3826 State Rout	(SEE SECTIONS 607.1501 & 60° te 31 East, Jones Mills, PA 15646	7.1	n Florida, if prior to registration) 502, F.S., to determine penalty liabili oal office address)	ity)	
			iiÇtj	Rif Office address)		
	P.O. Box 84, Jone	es Mills, PA 15646	.:1:.	ng address, if different)		
8.	Name and stree	et address of Florida registered agent: (Nicholas Scigliano			7.5° W 3.1874	
О	ffice Address:	218 Key Haven Road			67.6	
		Key West		, Florida 33040		
		(City)		(Zip code)		

9. 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)

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: __ **B. OFFICERS** 2 President: Nicholas Scigliano Address: 218 Key Haven Road Key West, FL 33040 Vice President: Nicholas Scigliano Address: 218 Key Haven Road Key West, FL 33040 Secretary: Anna Scigliano Address: 144 Norman Drive, Cranberry Township, PA 16066 Treasurer: Anna Scigliano Address: 144 Norman Drive, Cranberry Township, PA 16066 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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.

13. Nicholas Scigliano, President

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 03/06/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

FRONTIER GOLF, 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.

OTHE COMMON THE COMMON

IN TESTIMONY WHEREOF, I have hereunto set 6 my hand and caused the Seal of the Secretary's $\frac{1}{2}$? Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC180306151799-1

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