9/27/24, 1:23 PM

Division of Corporations

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(((H24000329131 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)389-0502

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

Fmall	Address:			

FOREIGN PROFIT/NONPROFIT CORPORATION Hartford Golf Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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To: . . Page 3 of 6

COVER LETTER

	stration Sectionion of Corporation				
SUBJECT:	the afternal Could				
SUBJECT:		Name of corporati	on - must	include suffix	
Dear Sir or M	1adam:				
"Certificate o	f Existence," o	by Foreign Corporation for "Certificate of Good St rporation to transact busing	anding" a	ind check are sul	
Please return	all correspond	ence concerning this matt	er to the	following:	
Mike Town					
		Name o	of Person		
Legalzoom.co	m, Inc.				
		Firm/Co	mpany		
9900 Spectrun	n Dr				
		Add	iress		
Austin, TX 78	717				
	, 	City/State	and Zip	code	
william.hartfor	rd2018@gmail.	moo			
		-mail address: (to he used	l for futu	e annual report	notification)
For further in	formation con	erning this matter, please	call:		
Mike Town		/ 800	773	-0888	
Nam	e of Person	Area Co	ode	-0888 Daytime Telep	phone Number
Regis Divis The C 2415	EET/COURIE tration Section ion of Corpora Centre of Talla N. Monroe Str hassee, FL 32	itions hassee reet, Suite 810		MAILING A Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27
	eck payable to:	Collowing amount: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	\$78.7	ATE 5 Filing Fec & fied Copy	S87.50 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.

Hartford Golf In	ic.			
	orporation; must include "INCORPORATED." orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"	_	
(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business in Florida)	
Wyoming		92-0354522		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	_	
09/14/2022	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)	_	
08/30/2024				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		. 	
3047 S DIXIE H	WY # STE102 WEST PALM BEACH FL 3340	5		
	(Principal office	e <u>street</u> address)		
	(Current mailing	address, if different)	_	
Name and <u>street address</u> of Florida registered agent: (P.O. United States Corporation Agents, Inc.		. Box NOT acceptable)		
Name: Flice Address:	476 Riverside Ave.		2024 SEP 30	
	Jacksonville	Florida 32202	P1112: 20	
	(City)	. Florida 32202 (Zip code)	$\dot{\Sigma}$	
			20	
aving been nam signated in this rther agree to c	application, I hereby accept the appointme	e of process for the above stated corporation at the ent as registered agent and agree to act in this cap lative to the proper and complete performance of t tion as registered agent.	acity.	
ia i am jamuua				

^{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.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

From, James Wiseman

2024-09-27 13:27:35 CDT

A. DIRECTORS William Hartford Bayla Deel Name: ☐ Chairman Chairman 3047 S DIXIE HWY # STE102 3047 S DIXIE HWY # STE102 ☐ Vice Chairman □ Vice Chairman Address: WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 Director ☐ Director President President ☐ Vice President C Vice President □ Secretary ■ Treasurer ■ Secretary □Treasurer □ Other _____ □Other _ Other _____ □Other Name: □ Chairman □Chairman Name: _____ ☐ Vice Chairman □Vice Chairman Address: Address: ____ Director Director □President □President □Vice President □ Vice President □ Secretary ☐ Freasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ Other ____ □Other ____ Name: _____ □Chairman □Chairman Name: _____ □Vice Chairman Address: ☐ Vice Chairman Address: ⊡Director □ Director □President □President ☐ Vice President ☐ Vice President ☐ Freasurer ☐ Treasurer □ Secretary **⊡**Secretary □Other ___ □Other ____ Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Angual Report form. Nelliam (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. William Hartford

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

From: James Wiseman

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Hartford Golf Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **September 14, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001159812**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of September, 2024 at 12:18 PM. This certificate is assigned ID Number 076691530.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.