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TRANSMITTAL LETTER

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TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

	4 4 4 4 4 5 5 6	† •	• • • • .
SUBJECT: <u>U.S. GOLF LIQUIDATORS, INC.</u> (Name of corporation - must include suffix)			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authorization t Florida", "Certificate of Existence", and check are submitted to registe foreign corporation to transact business in Florida.	o Transact er the abov	Busi e refe	ness In renced
Please return all correspondence concerning this matter to the following:			
JOHN M. McCORMICK, Esq. (Name of Person)			
JOHN M. McCORMICK, P.A. (Firm/Company)			
501 E. Church Street (Address)		က္	DIN
Orlando, FL 32801		<u>ت</u> 2	38 38 38 38 38
(City, State and Zip Code)	51	₩ 20	4년 35년 1년
Should you need to call someone concerning this matter, please call:			1.05 S.
John M. McCormick at (407) 843 - 5690	has	60:	클립

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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:

<u></u>	DELAWARE			3.	59-326	35313	latal		-
	January 6, 19 (Date of Incorporatio							netual?	_
	January 1, 19 to first transacted business						Alacer perp	70.10 <i>0</i> 1.7	
7	1850 Lee Road Winter Park,								
		(Current mailing	g addre	ss)					
3. <u></u>	Selling of Go Purpose(s) of corporation	lf related n authorized in	proc	ducts tate or coun	try to be car	rried out in the	state of Flo	rida)	_
). N	Name and street ad	dress of Flo	rida r	egistered	agent:			ر ان	9,40
	Name:	JOHN M.	McCOI	RMICK		<u></u>			• 5 ! • m
	Office Address:	501 E. C	hurcl	ı Street					7.5
		Orlando,	FL			, Florida ,	32801 (Zip Cod	邮	
			a:						,

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.

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

A.	DIRECTORS	
	Chairman:	Peter Harrold
	Address: _	3000-7 Semoran Blvd.
	_	Orlando, FL 32822
	Vice Chairm	on:
	Address:	
	Director:	
	Address:	
	Address:	
8.	OFFICERS	
	President: _	Peter Harrold
	Address:	3000-7 Semoran Blvd.
	_	Orlando, FL 32822
	Vice Preside	ent:
	Address:	
	Secretary:	
	Address: _	60 ALTA
	Treasurer:	
	Address:	<u> </u>
and/ 13.	or directors.	ay attach an addendum to the application listing additional officers Chairman, or any officer listed in number 12 of the application)
,	Signatu e of Chairman, Vice	Chairman, or any officer listed in number 12 of the application)
14.	Director/Officer	
	Liyped or printed name a	nd capacity of person signing application)

State of Delaware Office of the Secretary of State

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Ldward J. Freel, Secretary of State

AUTHENTICATION

DATE

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