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ACCOUNT NO. : 072100000032
REFERENCE : 895169 5123521
AUTHORIZATION : Pt
COST LIMIT: \$ 125. Hera tout
ORDER DATE: September 21, 2004
ORDER TIME : 9:34 AM
ORDER NO. : 895169-005
CUSTOMER NO: 5123521
CUSTOMER: Mr. Russ Decker Golfsmith International, Inc. 11000 North Ih-35
Austin, TX 78753-3195
FOREIGN FILINGS
NAME: GOLFSMITH NU, L.L.C.
XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight EXT# 2956

EXAMINER:

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION FO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER AFOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

<i>MITED [IMBILITY COMPANYTO TRANSACT BUSINESS INTI</i> Golfsmith NU, L.L.C.	in diameter in the second
(Name of Foreign Limite	ed Liubility Company)
Delaware	3, 74-2882404
(Jurisdiction under the law of which foreign limited liabilit company is organized)	y (FEI number, if applicable)
May 28, 1998	5 Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
upon filing	
(Date first transacted business in (See sections 608.501 & 608.502 I	Florida, if prior to registration.) F.S. to determine penalty liability)
11000 North IH-35	
Austin, TX 78753	·
(Street Addre	ess of Principal Office)
If limited liability company is a manager-manage	ged company, check here
The name and usual business addresses of the m	nanaging members or managers are as follows:
Curtis Young 11000 North IH-35 Austin, TX 78753	1
Noel Wilens 11000 North IH-35 Austin, TX 78753	
James Grover 11000 North IH-35 Austin, TX 7875	3
The state of the s	90 days old, duly authenticated by the official having custody of reco copy is not acceptable. If the certificate is in a foreign language, a submitted.)
1. Nature of business or purposes to be conducted	d or promoted in Florida: retail sales of sporting goods,
accessories, and apparel.	
Luguea Bru	als:
(In accordance with section 608.408(3	authorized representative of a member.  3), F.S., the execution of this document constitutes perjury that the facts stated herein are true.)
Virginia Bunte, CFO Golfsmith	
Typed or prin	nted name of signee

\* beneral partner of member, bolfsmith Holdings, LiP.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability Con	npany is:		
Golfsmith NU,	L,L.C.	···		
2. The name	and the Florida street addres	s of the registered	agent and office a	re;
	Corporation Service	⊇ Company		
		(Name)	······································	<del></del>
	1201 Hays Street			
	Florida Street A	ddress (P.O. Box NO	T ACCEPTABLE)	
	Tallahassee	FL City/State/Zip	32301	
liability compa agent and agra relating to the	named as registered agent and any at the place designated in ee to act in this capacity. I furnished perform my position as registered agencial (Signature)	this certificate, I he orther agree to comp nance of my duties,	ereby accept the apoly with the provision and I am familiar	opointment as registered ions of all statutes with and accept the
Carol K	. Dolor Aget V P			

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

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### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GOLFSMITH NU, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOLFSMITH NU, L.L.C." WAS FORMED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



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8300

Warriet Smith Windson. Secretary of State

AUTHENTICATION: 3363867

040682058 DATE: 09-21-04