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ACCOUNT NO. : I2000000195

REFERENCE : 175656 4308005

AUTHORIZATION :

COST LIMIT

ORDER DATE: June 12, 2014

ORDER TIME : 8:43 AM

ORDER NO. : 175656-005

CUSTOMER NO: 4308005

FOREIGN FILINGS

NAME: GOLF GENIUS SOFTWARE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Golf Genius Software, LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	LLC.")		_
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C," or "LL.C.")	ne must in	clude "L	imited
_{2.} Pennsylvania _{3.}			
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable company is organized)	le)		
4. Upon filing			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5. 311 Orchard Way, St. Davids, PA 19087			
(Street Address of Principal Office)			
6. 311 Orchard Way, St. Davids, PA 19087			
(Mailing Address)			
7. The name, title or capacity and address of the person(s) who has/have authority to man	nage is/	are:	
Michael Zisman, Manager			
311 Orchard Way, St. Davids, PA 19087	16/2	W JU	ata anaus y
	35	i.	E North
	F-1		10.41
8. Attached is an original certificate of existence, no more than 90 days old, duly authentic having custody of records in the jurisdiction under the law of which it is organized. (A ph acceptable. If the certificate is in a foreign language, a translation of the certificate under comust be submitted)	ofocopy	/ js not	
Signature of an authorized person			
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury the am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided			
Michael Zisman			
Typed or printed name of signee	-		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

lf unavailabl	e, the alternate to be used in the state of Florida is:		
2. The name	e and the Florida street address of the registered agent and office a	are:	
	Corporation Service Company		
	(Name)	.	
	1201 Hays Street		
		· · · · · · · · · · · · · · · · · · ·	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee 32301 FL	ABASSI ABASSI SI	
	Tallahassee 32301	ABASS SEE	JUN 13 MH &

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. Florida Statutes.

By: Emily Hour Asst VP (Signature)

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

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Golf Genius Software, LLC			
Name of Limited Liability Company			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.			
Please return all correspondence concerning this matter to the following:			
Jacqueline Y. Eastridge			
Name of Person			
c/o Pepper Hamilton LLP			
Firm/Company			
3000 Two Logan Square, 18th & Arch Streets			
Address			
Philadelphia, PA 19103			
City/State and Zip Code			
Eastridgej@pepperlaw.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Jacqueline Eastridge 215 981-4815			
Name of Contact Person Area Code Daytime Telephone Number			
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
Enclosed is a check for the following amount: \$\Bigsup \frac{1}{2} \\$125.00 \text{ Filing Fee} \Bigsup \frac{1}{2} \\$130.00 \text{ Filing Fee & Certificate of Status} \Bigsup \frac{1}{2} \\$155.00 \text{ Filing Fee & Certificate of Status & Certified Copy} \Bigsup \frac{1}{2} \\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy} \Bigsup \frac{1}{2} \\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy} \Bigsup \Bigsup \frac{1}{2} \\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy} \Bigsup			

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

JUNE 2, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Golf Genius Software, LLC

is duly organized as a Pennsylvania Limited Liability Company 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.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 11884766-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp