

M17000000674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

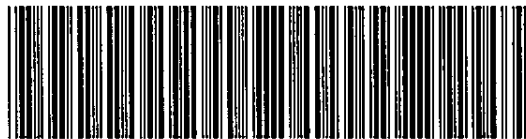
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2980 W17-794

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01/05/17--01001--003 **160.00

JAN 25 2017
S. YOUNG

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TALLAHASSEE, FLORIDA
17 JAN -5 PM 12:28



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2017

MARCUS PROCTOR
LINK-UP GOLF TOUR, LLC
2336 SE OCEAN BLVD #187
STUART, FL 34996

SUBJECT: LINK-UP GOLF TOUR, LLC
Ref. Number: W17000000794

We have received your document for LINK-UP GOLF TOUR, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 417A00000255

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Link-up Golf Tour, 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:

Marcus Proctor

Name of Person

Link-up Golf Tour, LLC

Firm/Company

2336 SE Ocean Blvd #187

Address

Stuart, Florida 34986

City/State and Zip Code

admin@linkupgolftour.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcus Proctor

Name of Contact Person

at (813) 323 1207

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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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. LINK-UP GOLF TOUR, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")
LINK-UP GOLF PRO, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")
2. Michigan 3. 36-4796440
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. Have not transacted Business yet
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2336 SE Ocean Blvd #187 Stuart, FL 34996
(Street Address of Principal Office)

6. 2336 SE Ocean Blvd #187 Stuart, FL 34996
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Rachelle Delarm
Office Address: 5742 SE Windsong Ln #313
Stuart, FL, Florida 34997
(City) (Zip code)

Registered agent's acceptance:

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 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.

Rachelle H Delarm
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

MGR-Marcus Proctor 126-180 John West Way Aurora ONtario L4G 0R3
AMBR-Andro Mcuey 9 Pinehill Rd Croton on Hudson, NY 10520

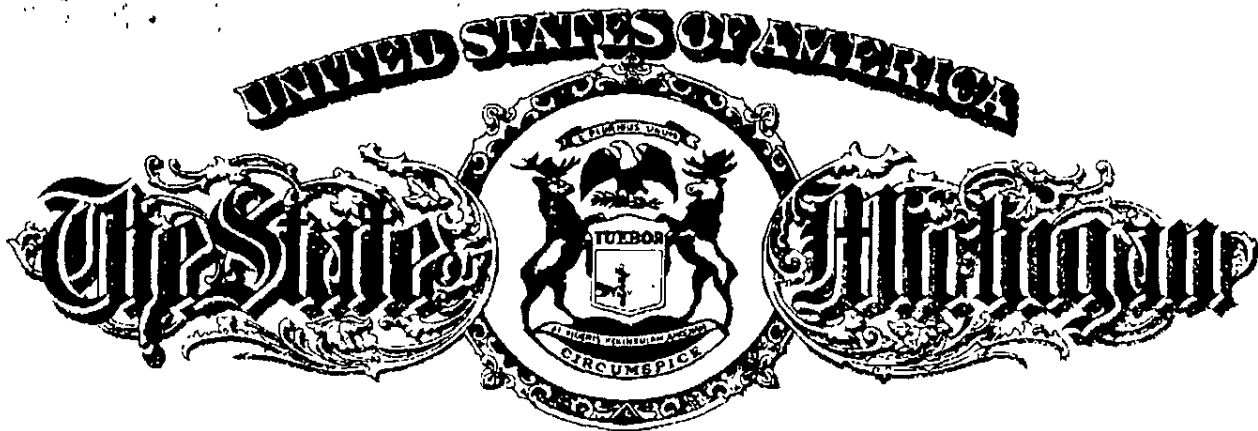
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

M Proctor
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Marcus Proctor
Typed or printed name of signee

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Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

LINK-UP GOLF TOUR, LLC

was validly organized on October 29, 2014 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Sent by Facsimile Transmission
1426457

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 3rd day of January, 2017

Julia Dale

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau