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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SUBJECT: __Thomas Willson Golf Academy, Inc.__
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

❑ $70.00	☒ $78.75	❑ $78.75	❑ $87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	

FROM: ___Thomas R. Willson___
Name (Printed or typed)

___1985 Parkside Circle___
Address

___Boca Raton, FL 33486___
City, State & Zip

___(561) 395-0998___
Daytime Telephone number

00 APR 27 PM 12: 28 FILED

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I   NAME

The name of the corporation shall be:

Thomas Willson Golf Academy, Inc.

ARTICLE II   PRINCIPAL OFFICE

The principal place of business/mailing address is:

1985 Parkside Circle
Boca Raton, FL 33486

ARTICLE III   PURPOSE

The purpose for which the corporation is organized is:

A lawful for-profit activity

ARTICLE IV   SHARES

The number of shares of stock is:

1,000 shares common

ARTICLE V   INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Thomas R. Willson
1985 Parkside Circle
Boca Raton, FL 33486

ARTICLE VI   REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Thomas R. Willson
1985 Parkside Circle
Boca Raton, FL 33486

ARTICLE VII   INCORPORATOR

The **name and address** of the Incorporator is:

Thomas R. Willson
1985 Parkside Circle
Boca Raton, FL 33486

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

_____   4/24/00
Signature/Registered Agent   Date

_____   4/24/00
Signature/Incorporator   Date