

TRANSMITTAL LETTER

P010000008847

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

FILED  
01 JAN 23 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: SWING MASTER GOLF, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300003563373--1  
-01/22/01--01132--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: TIMOTHY A. NEMECKAY

Name (Printed or typed)

2557 NE 15TH ST.

Address

POMPANO, FL 33062

City, State & Zip

954.295.5032

Daytime Telephone number

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:

**SWING MASTER GOLF, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2557 NE 15TH st.  
Pompano, FL 33062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Manufacture, marketing and sales of golf device

ARTICLE IV SHARES

The number of shares of stock is:

60,000 (Sixty Thousand) common shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

Timothy A. Nemeckay  
2557 NE 15TH St.  
Pompano, FL 33062

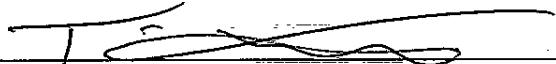
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

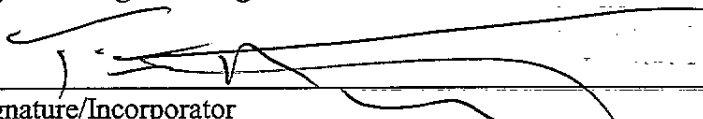
Timothy A. Nemeckay  
2557 NE 15TH St.  
Pompano, FL 33062

\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Signature/Registered Agent

1-16-01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1-16-01  
\_\_\_\_\_  
Date

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