

TRANSMITTAL LETTER

**P010000060230**

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

000004325270--9  
-05/29/01--01086--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Hurricane Tour, 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  
Filing Fee      Filing Fee  
                    & Certificate of Status

\$78.75      \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: SCOTT WALKER  
                    Name (Printed or typed)  
  
819 PARK VALLEY CI  
                    Address  
  
CLERMONT, FL 34711  
                    City, State & Zip  
  
(352) 243-3938  
                    Daytime Telephone number

01 JUN 18 PM 1:05  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*W07-12770*  
*PS 6/5/07*  
*PS 6/18/07*



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 5, 2001

SCOTT WALKER  
819 PARK VALLEY CL  
CLERMONT, FL 34711

SUBJECT: HURRICANE TOUR, INC.  
Ref. Number: W01000012770

We have received your document for HURRICANE TOUR, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return the original and one copy of 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) 487-6915.

Pamela Smith  
Document Specialist  
New Filings Section

Letter Number: 801A00034246

# ARTICLES OF INCORPORATION

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

FILED

## ARTICLE I NAME

The name of the corporation shall be: Hurricane Tour, Inc

01 JUN 18 PM 1:05  
- SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: PO Box 8, Minneola FL  
34755

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Golf Tour

## ARTICLE IV SHARES

The number of shares of stock is: 10,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): SCOTT WALKER, President,  
819 PARK VALLEY C1  
Clermont, FL 34711

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:  
SCOTT WALKER  
819 PARK VALLEY C1  
Clermont, FL 34711

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:  
SCOTT WALKER  
819 PARK VALLEY C1  
Clermont, FL 34711

\*\*\*\*\*  
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

5/23/01  
Date

  
Signature/Incorporator

5/23/01  
Date