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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**TRANSMITTAL LETTER**

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

**SUBJECT: GILLIGANS CUSTOM GOLF, INC.**

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**(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  
**Filing Fee**

X \$78.75  
**Filing Fee &  
Certificate of Status**

**FROM: GILLIGANS CUSTOM GOLF, INC.**

**Name (Printed or typed)  
1804 NOVA DRIVE**

**Address  
VALRICO, FL 33594**

**City, State & Zip  
813 685-8762**

**Daytime Telephone Number**

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, Hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:  
GILLIGANS CUSTOM GOLF, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
1804 NOVA DRIVE, VALRICO, FL 33594

### ARTICLE III SHARES

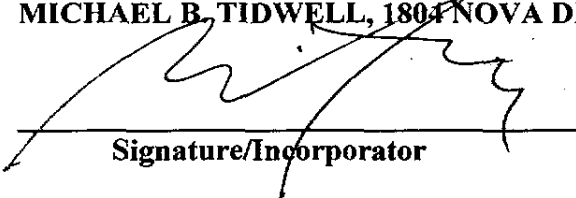
The number of shares of stock that this corporation is authorized to have outstanding  
at any one time is: 100 SHARES

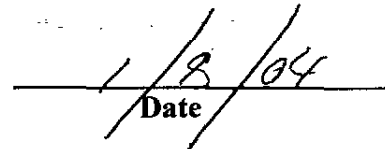
### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:  
MICHAEL B. TIDWELL, 1804 NOVA DRIVE, VALRICO, FL 33594

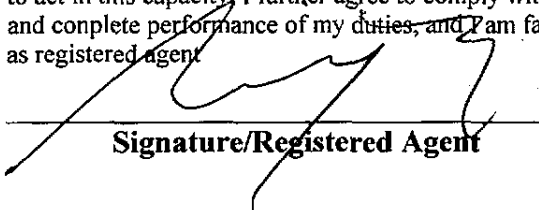
### ARTICLE V INCORPORATOR

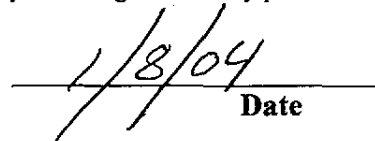
The name and address of the incorporator to these Articles of Incorporation are:  
MICHAEL B. TIDWELL, 1804 NOVA DRIVE, VALRICO, FL 33594

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

  
\_\_\_\_\_  
Date

Having been named as registered agent and to accept service of process for the above stated corporation 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.

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

  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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