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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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06 MAY 31 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 MAY 31 AM 11:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MC-31-06

COVER LETTER

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

SUBJECT: BACKSAVER Golf Trips Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: JOHN E. LYKINS
Name (Printed or typed)

7242 GRIMMS LANDING
Address

NAVARRE FL. 32566
City, State & Zip

(850) 261-5959
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:

BACKSAVER GOLF GRIPS, INC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

BACKSAVER Golf Grips
902 TARRSON Blvd.
THE VILLAGES FL. 32159

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MARKETING Golf Grips
& OTHER Golf ITEMS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

TERRY FERGUSON - President
902 TARRSON Blvd
THE VILLAGES, FL. 32159

JOHN E LYKINS - VPRES.
7242 SCRIMMS LANDING
NAVARRE, FL. 32566

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JOHN E LYKINS
7242 SCRIMMS LANDING
NAVARRE, FL. 32566

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN E LYKINS
7242 SCRIMMS LANDING
NAVARRE, FL. 32566

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

Signature/Incorporator

Date

Date