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TRANSMITTAL LETTER

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

| SUBJECT: | Emerald Coast Golf Academy, Inc. | | | | | |
|-------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------|------------------------------------------------|--|--|--|
| | (Proposed corporate name - must include suffix) | | | | | |
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| | | | | | | |
| Enclosed is an original and one(1) copy of the articles of incorporation and a check for: | | | | | | |
| ☐ \$70.00 | □ \$78.75 | \$122.50 | □ \$131.25 | | | |
| Filing Fee | Filing Fee & Certificate | Filing Fee & Certified Copy | Filing Fee, Certified Copy & Certificate | | | |
| | | ADDITIONAL CO | PY REQUIRED | | | |
| FROM: Jason Moulton | | | | | | |
| Name (Printed or typed) | | | | | | |
| 660-A N. Ferdon Blud. | | | | | | |
| Crestview, FL 32536 City, State & Zip | | | | | | |
| | | | | | | |
| 850-689-3180 | | | | | | |
| Daytime Telephone number | | | | | | |

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

ARTICLES OF INCORPORATION FOR

EMERALD COAST GOLF ACADEMY, INC.

I, the undersigned, hereby make, subscribe and acknowledge and sign this certificate for the purpose of becoming a corporation under the laws of the state of Florida.

ARTICLE I – NAME

The name of this corporation is Emerald Coast Golf Academy, Inc.

ARTICLE II- NATURE OF BUSINESS

The corporation may engage in any activity or business permitted under the laws of the United States and of this State.

ARTICLE III- INITIAL CAPITAL

The amount of capital with which this corporation will commence business with shall not be less than One Hundred Dollars (\$100.00).

ARTICLE IV- STOCK

The amount of capital stock authorized shall be One Hundred (100) shares of common stock, with a par value of One Dollar (\$1.00) per share.

ARTICLE V- CORPORATE EXISTENCE DATE

The corporate existence date of this corporation is March 20, 2009.

ARTICLE VI – TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE VII- INITIAL STREET ADDRESS AND MAILING ADDRESS OF CORPORATION

The initial street address in this state of the principal registered office of the corporation is 629 Powell Drive, Fort Walton Beach, Florida 32547, and the initial registered agent at said address is Thomas Craig Clemons, Sr. The mailing address of the Corporation is 629 Powell Drive, Fort Walton Beach, Florida 32547.

ARTICLE VIII- ORGANIZATION

This corporation, pursuant to the authority vested in Section 607.0801 and 607.0732(1), Fla. Stat., is to have no board of directors and said corporation shall be managed by its stockholders rather than a board of directors, and the stockholders shall elect the officers and otherwise run the corporation in the place and stead of a board of directors.

ARTICLE IX- SUBSCRIBERS AND INCORPORATORS

The names and street addresses of the subscribers and incorporators of these Articles of Incorporation and the number of shares of stock they are to receive are:

| NAME | ADDRESS | SHARES |
|---------------------------|------------------------------------------------------|--------|
| Thomas Craig Clemons, Sr. | 629 Powell Drive Fort Walton Beach, Florida 32547 | 100 |

ARTICLE X- STOCKHOLDERS AND OFFICERS

The names and addresses of the stockholders and initial stock officers are:

| NAME | ADDRESS | |
|---------------------------|-------------------------------------------------|---------------------------------------------------|
| Thomas Craig Clemons, Sr. | 629 Powell Drive Fort Walton Beach, FL 32547 | Stockholder/ President/ Vice-President/ Secretary |

ARTICLE XI-BY-LAWS

The power to adopt, alter, amend or appeal by-laws shall be vested in the stockholders.

ARTICLE XII-AMENDMENTS

These Articles of Incorporation may be amended in the manner provided by law.

IN WITNESS WHEREOF, the undersigned subscriber has executed these

Articles of Incorporation this <u>17</u> day of March, 2009.

THOMAS CRAIG CLEMONS, SR.

STATE OF FLORIDA COUNTY OF OKALOOSA

Before me, the undersigned authority, personally appeared **THOMAS CRAIG CLEMONS**, **SR.**, Stockholder/President/Vice-President/Sec. who is known to me (or proved to me on the basis of satisfactory evidence) to be the person described in and executed the foregoing Articles of Incorporation, and he acknowledged to me that he executed the same and that the facts therein are true.

WITNESS my hand and official seal this <u>///</u> day of March, 2009.

IDENTIFICATION PRODUCED:

THOMAS CRAIG CLEMONS, SR.

NOTARY PUBLIC, STATE OF FLORIDA



EMILY J. SANDERS
MY COMMISSION # DD 672602
EXPIRES: June 19, 2011
Bonded Thru Budget Notary Services

CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT AND ACCEPTANCE

In pursuance of Chapter 607.0501, Florida Statutes, the following is submitted in compliance with said Act:

That EMERALD COAST GOLF ACADEMY, INC., desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, in the City of Fort Walton Beach, County of Okaloosa, State of Florida, hereby names Thomas Craig Clemons, Sr. as its registered agent to accept service of process within this state. The registered office of the corporation is the principal office of the business:

629 POWELL DRIVE FORT WALTON BEACH, FLORIDA 32547

Having been named registered agent to accept service of process for the abovestated corporation, at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Aat relative to keeping open said registered office and I am familiar with and accept the obligations of this position.

THOMAS CRAIG CLEMONS, SR.
REGISTERED AGENT MAINTAINING
REGISTERED OFFICE

STATE OF FLORIDA COUNTY OF OKALOOSA

I HEREBY CERTIFY that on this day before me, an officer duly authorized in this State aforesaid and in the County aforesaid to take acknowledgements, personally appeared Thomas Craig Clemons, Sr., to me known (or proved to me on the basis of satisfactory evidence) to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the State and County last aforesaid this $\frac{17}{2}$ day of March, 2009.

IDENTIFICATION PRODUCED:

EMILY J. SANDERS

MY COMMISSION # DD 672602

EXPIRES: June 19, 2011

Bonded Thru Budget Notary Services