

PI 2000090993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

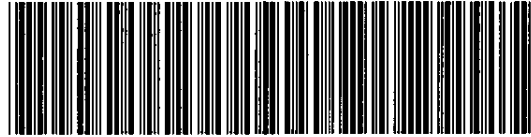
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/29/12 --01015--003 **78.75

RECEIVED
DIVISION OF CORPORATIONS
OCT 29 AM 9:42

R 10/30/12

COVER LETTER

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

SUBJECT: My Way Golf, 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: Kimberly A. Gilmour
Name (Printed or typed)

4179 Davie Road - Suite 101
Address

Davie, FL 33314
City, State & Zip

954-584-6460
Daytime Telephone number

Gilmourlaw@aol.com
E-mail address: (to be used for future annual report notification)

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

My Way Golf, Inc.

12 OCT 29 AM 9:42

ARTICLE II PRINCIPAL OFFICE

Principal street address

1445 N.W. 69th Avenue

Margate, FL 33063

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

the support and promotion of a golf career - for practice as well as competitive tournaments, including education, sponsorship, training, - as an amateur and professional. This will include all assistance during any and all golf tours. The corporation is organized to transact any or all lawful business for which corporations may be incorporated.

ARTICLE IV SHARES

The number of shares of stock is: One hundred (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: G. Tyler Gilmour, President

Address: 1445 NW 69th Avenue

Margate, FL 33063

Name and Title: _____

Address: _____

Name and Title: Patricia Gilmour, Treasurer

Address: 1445 NW 69th Avenue

Margate, FL 33063

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Kimberly A. Gilmour

Address: 4179 Davie Road - Suite 101

Davie, FL 33314

ARTICLE VII INCORPORATOR

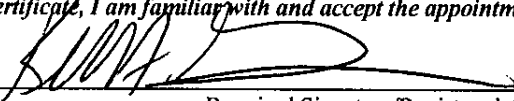
The name and address of the Incorporator is:

Name: Kimberly A. Gilmour

Address: 4179 Davie Road - Suite 101

Davie, FL 33314

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

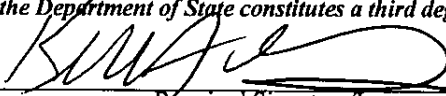


Required Signature/Registered Agent

10/25/12

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10/25/12

Date

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