

P13000929B

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

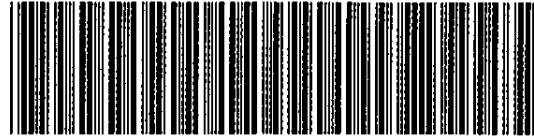
(Document Number)

Certified Copies

Certificates of Status

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV 14 AM 4:25

SJ 11/15/13

COVER LETTER

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

SUBJECT: GLOBAL GOLF TRAVEL, 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: Michael J Leary

Name (Printed or typed)

10516 Bastille Lane #304

Address

Orlando, Florida 32836

City, State & Zip

321 231 0158

Daytime Telephone number

MLGOGOLF@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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV 14 AM 4:25

ARTICLE I NAME

The name of the corporation shall be: GLOBAL GOLF TRAVEL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10516 BASTILLE LANE, #304

ORLANDO, FL 32836

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE QUALITY GOLF TOURS AT BOTH
DOMESTIC AND INTERNATIONAL GOLF COURSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL J LEARY, PRES

Name and Title: _____

Address 10516 BASTILLE LANE, #304

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

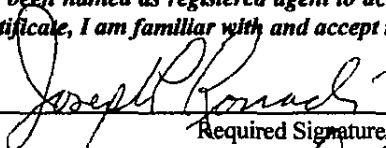
Name: JOSEPH P ROUADI
Address: 11001 SCHOONER WAY
WINDERMERE, FL 34786

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL J LEARY
Address: 10516 BASTILLE LANE, #304
ORLANDO, FL 32836

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

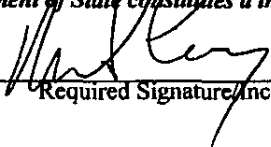


Required Signature/Registered Agent

11/04/2013

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

11-7-13

Date