

P16000085506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

OCT 25 2016



800291365718

10/19/16--01021--021 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 OCT 19 PM 3:45

FILED

*Neal*

## COVER LETTER

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

**SUBJECT:** Florida Golf Cart Wholesalers 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      ☒ \$87.50  
Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: Florida Golf Cart Wholesalers Inc.  
Name (Printed or typed)

1575 Aviation Center Parkway - Suite 417  
Address

Daytona Beach FL 32114

---

City, State & Zip

386-523-6868  
Daytime Telephone number

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)

**ARTICLE I NAME**

The name of the corporation shall be: Florida Golf Cart Wholesalers Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1575 Aviation Center Parkway - Suite 417

Daytona Beach FL 32114

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Sales and distribution of electric golf carts within the southeastern U.S.

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ken Allen, President

Name and Title: \_\_\_\_\_

Address 1575 Aviation Center Parkway - Suite 417

Address: \_\_\_\_\_

Daytona Beach FL 32114

Name and Title: Don David, Vice President

Name and Title: \_\_\_\_\_

Address 1575 Aviation Center Parkway - Suite 417

Address: \_\_\_\_\_

Daytona Beach FL 32114

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2016 OCT 19 PM 1:01  
RECEIVED  
TALLAHASSEE, FLORIDA

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: Ken Allen

Address: 1575 Aviation Center Parkway - Suite 417

Daytona Beach FL 32114

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Don David

Address: 1575 Aviation Center Parkway - Suite 417

Daytona Beach FL 32114

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

9/30/2016  
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

9/30/2016  
Date