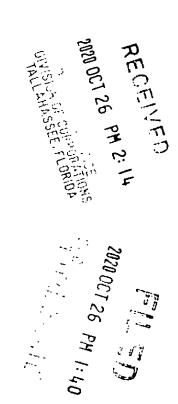
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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 485007 4300043 AUTHORIZATION : COST LIMIT : \$ 70.00 ORDER DATE: October 26, 2020 ORDER TIME : 1:0 PM ORDER NO. : 485007-005 CUSTOMER NO: 4300043 DOMESTIC FILING NAME: GOLF CAT INC. EFFECTIVE DATE: XX____ ARTICLES OF INCORPORATION _____ CERTIFICATE OF LIMITED PARTNERSHIP _____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Amanda Robinson - EXT. 62968 EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

1201 Hays Street

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora	tion shall be:			
ARTICLE II PRINC			Mailing address, if differen	t is:
4001 North Ocean Bl	vd, Unit 1401B			
Boca Raton, Florida	33431			
ARTICLE III PURPO	OSE the corporation is organized is:			
Investments				
			• •	~2
				2020 0
			:	0CT 2
				on ,
ARTICLE IV SHAR	ES 200 Shares of Common Stock No.	Dan Value mer aham		
The number of shares of	stock is: 200 Shares of Common Stock, No	rar vauuc persnam —	- - 	- £ -
ADTICLE I/ INITIA	II AFFICERS AND/AD DIDECTARS			0 1
Name and Title	L OFFICERS AND/OR DIRECTORS David Black, Director	_ Name and Title	David Black, President	:
Address	31 Robbins Drive	Name and Thie Address:	31 Robbins Drive	
Aduress	East Williston, NY 11596	Address:	East Williston, NY 1159	
		_		
		-		
Name and Title:	John H. Treiber, VP (investments)	_ Name and Title	:	
Address	4001 North Ocean Blvd, Unit 1401B	_ Address:	<u> </u>	
	Boca Raton, Florida 33431	_		
		_		<u> </u>
Name and Title		Name and Title		
Address		_ Address:		
		_		
		_		

Name a	and Title:	Name and Title:	<u> </u>
Addres	35	Address:	,
	REGISTERED AGENT		
The name and I	Florida street address (P.O. Box NOT accepta Corporation Service Company	ble) of the registered agent is:	
Address:	1201 Hays Street		
ridaess.	Tallahassee, FL 32301		2020 OCT
ARTICLE VII	<u>INCORPORATOR</u>		0CT 26
The name and s	address of the Incorporator is:		•
Name:	David Black, Director		PM T:
Address:	31 Robbins Drive		
	East Williston, NY 11596		· · · · ·
Effective date, i (If an effective filing.) Note: If the dat	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and e inserted in this block does not meet the appl effective date on the Department of State's rec	cannot be more than five days positions of the capture of the capt	rior or 90 days after t
	med as registered agent to accept service of profamiliar with and accept the appointment as n	gistered agent and agree to act in the Amanda Robinson	
	Required Signature/Registered Ager	t Asst. Vice President	' Date
	cument and affirm that the facts stated herei Department of State constitutes a third degree		