

P23000069680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

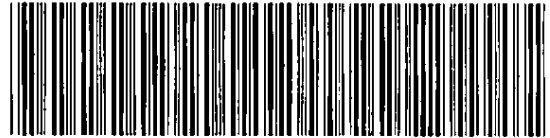
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/27/23--01003--006 \*\*70.00

FILED  
2023 SEP 27 PM 4:13  
TALLAHASSEE, FL

RECEIVED  
2023 SEP 27 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** BROOK 9/27

**CERTIFIED COPY**

**XX PHOTOCOPY**

**GS**

**XX FILING**

**INC.**

**1. DAP GOLF, INC.**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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## COVER LETTER

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

SUBJECT: DAP 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: ROBERT SALTSMAN  
Name (Printed or typed)

P.O. BOX 2146  
Address

WINTER PARK, FL 32790  
City, State & Zip

407-647-2899  
Daytime Telephone number

JUDY@SALTSMANPA.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)

**ARTICLE I NAME**

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

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>15242 PURPLE MARTIN ST</u> <u>WINTER GARDEN, FL 34787</u> _____ _____	Mailing address, if different is: _____ _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: INVESTMENTS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

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

Name and Title: <u>TYLER MCGHIE PRES, SEC</u>	Name and Title: _____
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Address <u>15242 PURPLE MARTIN ST</u>	Address: _____
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<u>WINTER GARDEN, FL 34787</u> _____ _____	_____ _____ _____
--	-------------------------

Name and Title: _____	Name and Title: _____
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Address _____	Address: _____
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_____ _____	_____ _____ _____
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Name and Title: _____	Name and Title: _____
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Address _____	Address: _____
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_____ _____	_____ _____ _____
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**FILED**  
2023 SEP 27 PM 4:13  
CLERK OF CIRCUIT COURT  
HALL COUNTY, 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: TYLER McGHIE  
Address: 15242 PURPLE MARTIN ST  
WINTER GARDEN, FL 34787

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TYLER McGHIE  
Address: 15242 PURPLE MARTIN ST  
WINTER GARDEN, FL 34787

**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 days prior or 90 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

09/26/23  
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

09/26/23  
Date

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TALLAHASSEE