

P24000017883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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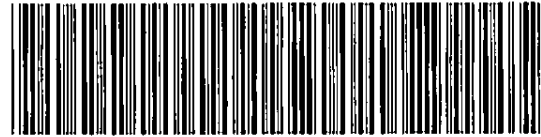
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
JULIA H. SEXTON
TALLAHASSEE, FL

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CLERK OF COURT

JULIA H. SEXTON

W24000036459

W24000034518

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 02/29/2024

****WALK IN****

ENTITY NAME TSG HOLDINGS, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

2024 FEB 29 PM 8:22
SUNSHINE STATE
TALLAHASSEE, FL

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****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70

ACCOUNT #: I20160000072

S R H

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: TOP SPEED GOLF HOLDINGS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4300 W LAKE MARY BLVD SUITE 1010

LAKE MARY, FL 32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MANAGEMENT CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLAY BALLARD - P / D

Address: 3268 OAKMONT TERRACE
LONGWOOD FL 32779

Name and Title: JOSHUA EATON - V / D

Address: 121 YELLOW BILL LANE
PONTE VEDRA BEACH FL 32082

Name and Title: JENNIFER LYNN EATON - D

Address: 121 YELLOW BILL LANE
PONTE VEDRA BEACH FL 32082

Name and Title: JESSICA ELKINS BALLARD - D

Address: 3268 OAKMONT TERRACE
LONGWOOD FL 32779

Name and Title:

Address:

Name and Title:

Address:

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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324.

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: PETER HOPPENFELD
Address: 172 EAST BOSTON RD
MAMARONECK NY 10543

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.

NRAI Services, Inc. /s/KELLY HEMPHILL
Required Signature/Registered Agent

3/7/2024
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.

/s/ PETER HOPPENFELD
Required Signature/Incorporator

3/7/2024
Date

FILED
2024 FEB 29
11:18:22
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3/7/2024