

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____
PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RECEIVED
 97 MAR 28 AM 8:44
 DIVISION OF CORPORATION
 FILED
 97 MAR 28 AM 10:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY APR _____

WALK-IN
Will Pick Up 3/28 1100

No 53782

RE: Tom's Swap Shop
Golf, Inc

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> (8) Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
000002126610--1		
<input type="checkbox"/> Name Reservation	-03728/97-01015-004	
<input type="checkbox"/> Annual Report/Reinstatement	*****70.00 *****70.00	
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone () _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () _____ pgs.		
SUBTOTALS		

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 10% per Annum.

THANK YOU
from
Your Capital Connection

TRANSMITTAL LETTER

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

SUBJECT: Tom's Swap Shop Golf, Inc

(Proposed Corporate name)

Enclosed is an original and one copy of the articles of incorporation and a check for

Filing Fee \$ 70 ☒ Filing Fee \$ 78.75 ☐ Filing Fee \$ 122.50 ☐ Filing Fee \$ 131.25 ☐
& Certificate & Certify Copy Certified Copy
& Certificate

From:

BESTAX ACCOUNTING

(Name)

183 S STATE RD 7 MARGATE FL 33068

(Address)

(954)969-9992

(Telephone)

FILED

97 MAR 28 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
TOM'S SWAP SHOP GOLF, INC**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TOM'S SWAP SHOP GOLF, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be

**6437 FRENCH ANGEL TERRACE
MARGATE FL 33063**

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registration agent is :

THOMAS R. LAKE: 6437 FRENCH ANGEL TERRACE, MARGATE FL 33063

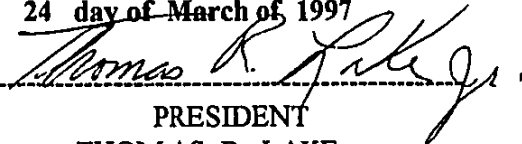
ARTICLE V INCORPORATOR(S)

The name (s) and street address (es) of the incorporator(s) to these Articles of Incorporation is (are):

THOMAS R. LAKE 6437 FRENCH ANGEL TERRACE, MARGATE FL 33063

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this

24 day of March of 1997



PRESIDENT
THOMAS R. LAKE
Signature

VICE-PRESIDENT

Signature

SECRETARY
Signature

FILED

97 MAR 28 AM 10:22

RECEIVED
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATION THE REGISTERED OFFICE/REGISTERED AGENT,
IN THE STATE OF FLORIDA.**

1. The name of the corporation is:

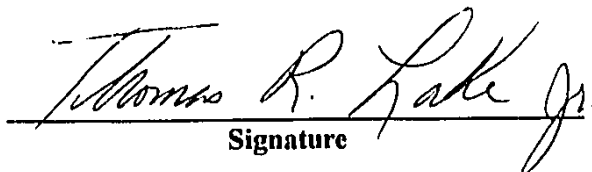
TOM'S SWAP SHOP GOLF, INC

2. The name and address of the registered agent and office is:

THOMAS R. LAKE

6437 FRENCH ANGEL TERRACE, MARGATE FL 33063

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.


Signature

MARCH 25, 1997

Date