CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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				RA Resignation
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ARTICLES OF INCORPORATION

OF

FILED
SECRETARY OF STATE
VISION OF CORPORATIONS

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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:

PASS GOIF MANAGEMENT, Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 366276 Bonka Springs, FLA 34136

ARTICLE III CAPITAL STOCK

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

10 000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PAMELA PASS 10591 ANILONY LANE BOWN SPRINGS, FLA BY135

ARTICLE V INCORPORATOR(S)

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

PAUL PASS, PRESIDENT

10591 ANKENY LANE

BONNER PASS, UP/SEC

10591 ANKENY LANE

BONNER SPRINGSFLA

34135

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

Isr	day ofDECENBER, 19 97.
	Signature Signature
	Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is: PASS GOIF MANAGEME	DE, INC
2.	The name and address of the registered agent and office is:	
	PAMELA PASS (NAME));;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	10591 ANKENY LANE- (P.O. BOX <u>NOT</u> ACCEPTABLE)	
	BONHA SDRINS FLA 34135	AM 9:
	(CITY)STATE ZIP)	34

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 THE 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 Amulgas

DATE 12/1/97

REGISTERED AGENT FILING FEE: \$35.00