## P980000144/5

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

SUBJECT: The Golf Learning Zone, Incorporated  (Proposed comporate name - must include suffix)							
400002428784—5 -02/12/98—01051—005 ******78.75 ******78.75  Enclosed is an original and one(1) copy of the articles of incorporation and a check for :							
☐ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy  ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate				
FROM:	10701 KNO//S  ACT TampA, F/or  City, S  Daytime Tel	inted or typed)  WAY Court iddress  John 3362  tate & Zip	TALLAIIASSEI	FILED  98 FEB 12 AH 9: 02  SECRETARY OF STATE			

9/12-13-98

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NOTE: Please provide the original and one copy of the articles.

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

The name of the corporation shall be: The Golf Learning Zone,

PRINCIPAL OFFICE ARTICLE II

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

10701 KNOllsway CourT

TAMPA, FLORIDA 33625

ARTICLE III

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

7500

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Jerry L. Williams

10701 KNOIls WAY COURT

TampA, Florida 33625

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Jerry L. W. LLIAMS 16701 Knollsway Court
Tampa Florida 33625

2/10/98

(An additional article must be added if an effective date is requested.)

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/Registered Agent