

TRANSMITTAL LETTER

P98000105364

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

100002715101--7
-12/17/98--01114--017
*****78.75 *****78.75

SUBJECT: Florida Golf Services, Inc.
(Proposed corporate name - must include suffix)

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 of Status

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

FROM: Jon Hernan
Name (Printed or typed)

1038 Vernon Loop
Address

Oviedo FL 32765
City, State & Zip

407-977-6719
Daytime Telephone number

FILED
98 DEC 17 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Florida Golf Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Seminole County
1038 Vernon Loop
Oviedo, FL 32765

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jon Hernan
1038 Vernon Loop
Oviedo, FL 32765

ARTICLE V INCORPORATOR

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

Jon Hernan
1038 Vernon Loop
Oviedo, FL 32765

Article VI EFFECTIVE DATE

The effective of these articles shall be:

January 4, 1999



Signature/Incorporator

12-11-98

Date

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

12-11-98

Date

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TALLAHASSEE, FLORIDA