## P990000001258

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

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SUBJECT:	Golf MARN	ceting Ganous	P Inc				
	(Proposed corpor	rate name - must include su	iffix)				
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	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED				
FROM:	Lynn N. S	m : T H inted or typed)					
	2401 CHARYON	_	99 JAN -6 PM 12: 57 SECRETARY OF STATE ALLAHASSEE, FLORIDA				
ν( <sup>0</sup> ) οΟ	<u>407.359.344</u> Daytime Te	/ 그 lephone number					

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

## ARTICLES OF INCORPORATION

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

FILED

99 JAN -6 PM 12: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

GOIF Marketing Group Inc

ARTICLE II PRINCIPAL OFFICE

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

2401 chargoille Rd. chalanta, Fla. 32766

ARTICLE III SHARES

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

one thousand ( 1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lynn Smith 2401 curryville Rd chuluota, Fla 32766

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Roxana SmiTH
2401 CURRYUNIE RÚ
chuluota, Fla 32766

Signature/Incorporator

1/5/99

(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

Date