

P23000003559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

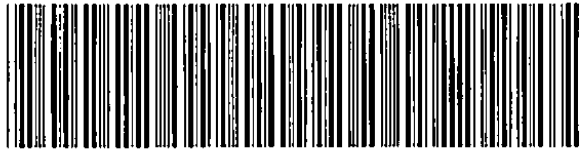
(Business Entity Name)

(Document Number)

Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
2023 JAN 19 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SE  
DIVISION OF  
JAN 19 PM 4:56

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 385688 7391412  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 70.00

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ORDER DATE : January 18, 2023  
ORDER TIME : 9:52 AM  
ORDER NO. : 385688-005  
CUSTOMER NO: 7391412

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DOMESTIC FILING

NAME: JT THOMAS GOLF, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: JT THOMAS GOLF, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

170 STEUBEN STREET  
JERSEY CITY, NJ 07302

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESS INCLUDING, BUT NOT LIMITED TO, THE OPERATION OF

A GOLF ACADEMY.

DIVISION OF REVENUE  
JAN 19 PM 5:50

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JT THOMAS, PRESIDENT & DIRECTOR Name and Title: \_\_\_\_\_

Address: 170 STEUBEN STREET Address: \_\_\_\_\_  
JERSEY CITY, NJ 07302 Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company \_\_\_\_\_

Address: 1201 Hays Street \_\_\_\_\_

Tallahassee, FL 32301 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: JENNIFER LANGAN \_\_\_\_\_

Address: GREENBERG TRAUIG LLP \_\_\_\_\_

500 CAMPUS DRIVE, SUITE 400 \_\_\_\_\_

FLORHAM PARK, NJ 07932 \_\_\_\_\_

2023 JAN 19 PM 4:56  
SECTION OF  
DIVISION OF

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*Eyleina Baker*  
Assistant Vice President

Required Signature/Registered Agent

01/19/2023

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*Jennifer Langan*  
Jennifer Langan (Jan 11, 2023 14:36 EST)

Required Signature/Incorporator

Date