

F25000000545

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W250000005283

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 JAN 10 AM 9:25

RECEIVED
2025 JAN 10 PM 3:16
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2025

CSC-TALLAHASSEE

SUBJECT: PROFESSIONAL DISC GOLF ASSOCIATION
Ref. Number: W25000005283

RESUBMIT
Please give original
submission date as file date.

We have received your document for PROFESSIONAL DISC GOLF ASSOCIATION and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT, but your entity is a NONPROFIT. Please complete and return the enclosed blank form(s).

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call .

Emani D Manning
Regulatory Specialist II

Letter Number: 825A00000832

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2025 JAN 30 PM 3:55
SECRET



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 01/10/25
Order #: 1762170-2
Re: Professional Disc Golf Association
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$70.00 - FL State Account Number:
120000000195
Certificate of Good Standing from State of Incorporation

Please take the following action:
File in your office on basis
Issue Proof of Filing

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written in a cursive style.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFESSIONAL DISC GOLF ASSOCIATION

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

MICHAEL SULLIVAN

Name of Person

PROFESSIONAL DISC GOLF ASSOCIATION

Firm/Company

3828 DOGWOOD LANE

Address

APPLING, GA 30802

City/State and Zip Code

MSULLIVAN@PDGA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL SULLIVAN

at (762) 354-4418

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Professional Disc Golf Association, Incorporated

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Colorado 3. 58-1741290
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/25/2000 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

6. upon filing
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 3828 Dogwood Lane Appling, GA 30802
(Principal office street address)

3828 Dogwood Lane Appling, GA 30802
(Current mailing address, if different)

8. The promotion and governance of disc golf
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32031
(City) (Zip Code)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 JAN 10 AM 9 25

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company
By: [Signature]
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Doug Bjerkaas
 Vice Chairman Address: 3828 DOGWOOD LANE
 Director APPLING, GA 30802
 President _____
 Vice President _____
 Secretary Treasurer
 Other: CEO Other: _____

Chairman Name: Mike Sullivan
 Vice Chairman Address: 3828 DOGWOOD LANE
 Director APPLING, GA 30802
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

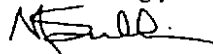
Chairman Name: Mark Wetherell
 Vice Chairman Address: 3828 DOGWOOD LANE
 Director APPLING, GA 30802
 President _____
 Vice President _____
 Secretary Treasurer
 Other: CFO Other: _____

Chairman Name: Nate Heinold
 Vice Chairman Address: 3828 DOGWOOD LANE
 Director APPLING, GA 30802
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Wilbur Wallis
 Vice Chairman Address: 3828 DOGWOOD LANE
 Director APPLING, GA 30802
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Laura Nagtegaal
 Vice Chairman Address: 3828 DOGWOOD LANE
 Director APPLING, GA 30802
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MICHAEL SULLIVAN Secretary
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

PROFESSIONAL DISC GOLF ASSOCIATION

is a

Nonprofit Corporation

formed or registered on 10/25/2000 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20001208524 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/09/2025 that have been posted, and by documents delivered to this office electronically through 01/10/2025 @ 10:53:45 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/10/2025 @ 10:53:45 in accordance with applicable law. This certificate is assigned Confirmation Number 16884563 .



A handwritten signature in black ink that reads "Jena Griswold".

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."