# a Department or stat

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(((H25000038622 3)))



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### DOMESTICATION Golf Ventures, Inc.

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## Articles of Domestication Foreign Corporation Domesticating to Florida

The ur	ndersigned, RON E. JACKSON	President and CEO				
	(Name)	(Title)				
of G	OLF VENTURES, INC.	, a foreign				
corboi	ration, In accordance with s. 607.11922, Florid					
	stication.					
1.	Then name of the domesticating corporation is GOLF VENTURES, INC.  (Foreign Corporation)					
2.	The jurisdiction and date of its formation is	Delaware-01/27/1998				
3.	The name of the domesticated corporation is	GOLF VENTURES, INC.				
4.	The jurisdiction of formation of the domestic	rated corporation is Florida				
5.	. The domestication corporation is a foreign corporation and the domestication was approved in accordance with its organic law.					
б.	<ol> <li>Attached are Florida Articles of Incorporation to complete the domestication requirements pursuant to s.607.0202, F.S.</li> </ol>					
I certif	fy I am authorized to sign these Articles of Dor	nestication on behalf of the corporation.				
	For E. Jackson					
	(Author	ized Signature)				

(((H25000038622.3)))

### ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME  THE NAME OF THE CORPORATION SHALL.	BE:	
GOLF VENTURES, INC.		
ARTICLE II PRINCIPAL OFF THE PRINCIPAL PLACE OF BUSINESS/ MAIR		
Principal Address 5385 GATEWAY BLVD	Mailing Address 5385 GATEWAY BLVD	; 
SUITE 12	SUITE 12	
LAKELAND, FLORIDA 33811	LAKELAND, FLORIDA 338	111
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: S ARTICLE VI REGISTEREI THE NAME AND FLORIDA STREET ADDR	AGENT AND STREET ADI	
Stephen Senn		
225 East Lemon Street, Suite 300		
Lakeland, Florida 33801		
HAVING BEEN NAMED AS REGISTEREI ABOVE STATED CORPORATION AT THE WITH AND ACCEPT THE APPOINTMENT CAPACITY.	PLACE DESIGNATED IN THIS CER	tificate, I am familiar
Shoken Sena		1/30/2025
Signature/Registered Agent		Date

(((H250000386223)))

### ARTICLE V DIRECTORS AND/ OR OFFICERS

	O ADDRESS(ES) AND SPECIFIC TITLES	S:		
Name & Title:	PCEO RON E. JACKSON	Name & Title:		
Address:  Name & Title:  Address:	5385 GATEWAY BLVD	Address:		
	SUITE 12	Name & Title: Address:		
	LAKELAND, FL 33811			·
	CFOS ERIC K. BURK			
	5384 GATEWAY BLVD			
	SUITE 12			
	LAKELAND, FL 33811			
Name & Title:		Name & Title:		
Address:		Address:		
Name & Title:		Name & Title:		
Address:		Address:	<b>-</b>	2025
				JAN
			<del></del>	$\frac{3}{2}$
			4	P []
	ument and affirm that the facts sta			22
provided for in s.	nitted in a document to the Depart B17,155,F,S,	ment of State cons	titutes a third degree felor	ıy as
Fon E Jackton			1/28/2025	
Signature/Author	orized Person		Date	