



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1 2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
Full-Swing Golf, Inc.		
2. It is incorporated under the laws of: California		
3. The name, if different, which it elects to use in Rhode Island is:		
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:		
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" filed with this application:		
4. The date of its incorporation is: 05/22/1986		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is:		
1905 Aston Avenue, Suite 100, Carlsbad, CA 92008		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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BY **FCS 77**

FORM 150 - Revised 1/2009

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Full-Swing Golf, Inc. manufactures and distributes golf simulator technology and equipment.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Alison Minter	1905 Aston Avenue, Suite 100, Carlsbad, CA 92008
Charles F. Baird, Jr.	1905 Aston Avenue, Suite 100, Carlsbad, CA 92008
Alyse Skidmore	1905 Aston Avenue, Suite 100, Carlsbad, CA 92008
Ryan Dotters	1905 Aston Avenue, Suite 100, Carlsbad, CA 92008

Check the box to indicate an attachment ☐

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Alison Minter	1905 Aston Avenue, Suite 100, Carlsbad, CA 92008
VICE PRESIDENT	Charles F. Baird, Jr.	1905 Aston Avenue, Suite 100, Carlsbad, CA 92008
TREASURER	Charles F. Baird, Jr.	1905 Aston Avenue, Suite 100, Carlsbad, CA 92008
SECRETARY	Alyse Skidmore	1905 Aston Avenue, Suite 100, Carlsbad, CA 92008

Check the box to indicate an attachment ☒

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:


NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
400,000	Convertible	Series A Preferred	\$0.001 Par Value
481,750	Class A	Common Stock	\$0.001 Par Value
10,500	Class B	Common Stock	\$0.001 Par Value

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

.0001 %

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct</i>	
Type or Print Name of Authorized Officer Ryan Dotters	Date 1/17/2019
Signature of Authorized Officer of the Corporation  SIGNATURE HERE	

8. (b). The names and respective addresses of its principal officers (CONTINUED):

OFFICE	NAME	ADDRESS
CEO	Ryan Dotters	1905 Aston Avenue, Suite 100, Carlsbad, CA 92008

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FULL-SWING GOLF, INC.

FILE NUMBER: C1375165
FORMATION DATE: 05/22/1986
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 21, 2018.

ALEX PADILLA
Secretary of State

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

February 01, 2019 11:35 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

