

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Statement of Consent of R (Domestic or Foreign Business		CRA
Pursuant to the provisions of KR consents to act as registered ag following statements:	S 14A and KRS Chapter 271B, 273, 274, ent on behalf of the business entity name	275, 362 or 386, the und d below and, for that purp	ersigned applicant ose, submits the
1. The business entity is	a corporation (KRS 271B, KRS 273 a limited liability company (KRS 275 a limited partnership (KRS 362) a limited liability partnership (KRS 363) a business trust (KRS 386)	5)	
2. The name of the business er	ntity is Maximum Golf Performa	nce, LLC	
	poration, organization or formation is KY		
3. The state of country of mostly	ered agent is John C. Walker		
			*
	gistered office address in Kentucky is:	I/V	44054
2154 Golden Valley D			41051 Zip Code
Street Address (No Post Office Box No. 1) 6. This application will be effect or the delayed effective date can	Numbers) City tive upon filing, unless a delayed effective nnot be prior to the date the application is	state date and/or time is provide filed. The date and/or time	ded. The effective date
I declare under penalty of perius	ry under the laws of Kentucky that the for	noing is true and correct.	
137 Chal	John C. Walker	Presid	lent
Signature of Registered Agent	Printed Name	Title	