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Division of Corporations		
SUBJECT: EAGLEVUE GOLF, LLC		
	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
GUY D. BLANCHETTE		
	Name of Person	
EAGLEVUE CAPITAL, LLC		
	Firm/Company	SEC SEC
2590 GOLDEN GATE PARKWAY,	SUITE 104	JAN 20 RETARY AHARSE
	Address	AN 20 PH
NAPLES, FL 34105		
	City/State and Zip Code	
gblanchette@eaglevuecapital.com	ed for future annual report notification)	—————————————————————————————————————
· ·	·	
For further information concerning this matter, ple	ease call:	
Chris Gray at (239 304 - 6434	
Name of Person	Area Code Daytime Telephone N	lumber
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum \text{Certificate of Status}\$	Certified Copy Certi (additional copy is enclosed) Certi	.00 Filing Fee, ificate of Status & fied Copy onal copy is enclosed)
Mailing Address	Street/Courier Address	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limite	ed Liability Company is:		
EAGLEVUE GOLF,	LLC		
1)	Must end with the words "Limited L	iability Company, "L.L.C.," or "I	LC.")
ARTICLE II - Address an	ss: d street address of the principal off	ice of the Limited Liability Comp	any is:
Principal Office Addr	<u>'ess:</u>	Mailing Address:	
2590 Golden Gate P	arkway	SAME	
Suite 104 Naples, FL 34105			
(The Limited Liability	tered Agent, Registered Office, & Company cannot serve as its own R with an active Florida registration.	egistered Agent. You must design	nate an individual or
The name and the Flori	ida street address of the registered a	gent are:	
	Chris Gray		20 然照
	Name		
	7602 Citrus Hill Lane		$\mathbb{Q}_{\mathbb{A}}^{\mathbb{C}} \stackrel{\mathbf{i}}{\omega}$
	Florida street address (P.O. Box]	NOT acceptable)	20 Z
	Naples	_{FL} 34109	••
	City	Zip	
4			na a la tata

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Chris Gray
	7602 Citrus Hill Lane
	Naples, FL 34109
MGR	Eaglevue Capital, LLC
Wart	2590 Golden Gate Parkway, Suite 104
	Naples, FL 34105
ective date is listed, the date must boof filing.)	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 d
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