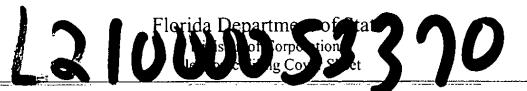
2/9/2021

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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.

Account Number : 120200000174

Phone : (239)262-5303

Fax Number : (239)262-6030

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__conrad@swfloridalaw.com

FLORIDA LIMITED LIABILITY CO. FloridaGolf, LLC

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T. SCOTT

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New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDAGOLF, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

25 East Superior Street Unit 3604	25 East Superior Street Unit 3604
Chicago, IL 60611	Chicago, IL 60611

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Principal Office Address:

Law Office of Conre	d Wilkomm, P.A.	
	Name	
3201 Tamiami Trail	N, 2nd Floor	
Florida street addres	s (P.O. Box NOT acc	eptable)
Naples	Florida	34103
City	State	Zip

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 of registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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		Name and Address:
<u>itle:</u> AMBR" = Ai	athorized Member	Name and Address.
MGR" = Mai		
AGR		Susan Templeton
	25 East Superior Street Unit 3604 Chicago, IL 60614	
		Cittago, in 60014
		
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From: Conrad Willkomm