

LOS000007185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800043793298

01/13/05--01047--016 **130.00

2005 JAN 13 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

1/24
Cust

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GOLF ACADEMY OF CENTRAL FLORIDA, LLC

ARTICLE II - Address:

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

Principal Office Address:

1763 US HWY 27 S
SEBRING, FL 33870

Mailing Address:

1763 US HWY 27 S
SEBRING, FL 33870

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

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

KEITH FOSTER

Name

1763 US HWY 27 S

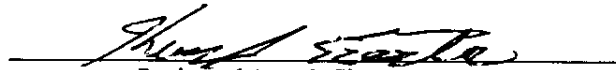
Florida street address (P.O. Box **NOT** acceptable)

SEBRING, FL 33870

FL

City, State, and 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 as registered agent as provided for in Chapter 608, F.S.


Registered Agent's Signature

2005 JAN 13 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

KEITH FOSTER

1763 US HWY 27 S

SEBRING, FL 33870

MGRM

FRANCIS FASSINO

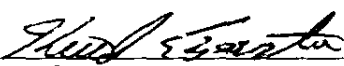
1763 US HWY 27 S

SEBRING, FL 33870

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
2005 JAN 13 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA