

L14000162907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

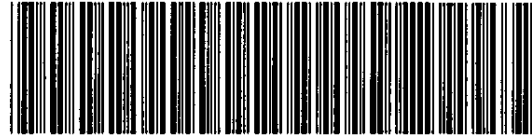
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000265401120

10/16/14--01026--011 \*\*130.00

FILED

14 OCT 16 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1.899 OCT 20 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SCOTT E.G. GOLF L.L.C.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT GARRISON  
Name of Person

SCOTT E.G. GOLF L.L.C.  
Firm/Company

P.O. Box 51176  
Address

Jacksonville Beach, FL 32240  
City/State and Zip Code

scottgolf@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT E. GARRISON at (702) 353-4653  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration 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:

SCOTT E.G. GOLF L.L.C.

(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:

Principal Office Address:

1300 Shetter Ave Suite 5302  
Jax Beach, FL 32250

Mailing Address:

P.O. Box 51176  
Jacksonville Beach, FL 32240

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:

SCOTT GARRISON

Name

1300 SHETTER AVE unit 5302

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

Jacksonville Beach FL 32250

City

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 605, F.S..*

*Scott Garrison*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
14 OCT 16 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR + MGR

**Name and Address:**

SCOTT GARRISON

1300 Shetter Ave Suite 5302

Jax Beach, FL 32250

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 16 PM 4:55

FILED

(Use attachment if necessary)

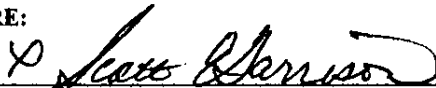
ARTICLE V: Effective date, if other than the date of filing: date of filing (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

N/A

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

SCOTT E. GARRISON

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)