

L0000000 6079

Department of State  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314  
(850) 487-6051

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-05/23/00--00012--020  
\*\*\*\*125.00 \*\*\*\*125.00

SUBJECT: Butter Golf, L.L.C.  
Limited Liability Company Name

Enclosed is an original Articles of Organization and a check for \$125.00.  
(\$100 Filing Fee & \$25 Designation of Registered Agent)

FROM: Louis M. Meiners, Jr.  
Name  
10 West Market Street, Suite 1720  
Address  
Indianapolis, IN 46204  
City, State & Zip  
317-951-1000  
Daytime Telephone Number

FILED  
00 MAY 22 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L00-6079

Name	OK
Availability	OK
Document	OK
Exempt	OK
Fee	OK
Signature	OK
Witness	OK
Notary	OK

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Butter Golf, L.L.C.

**ARTICLE II - Address:**

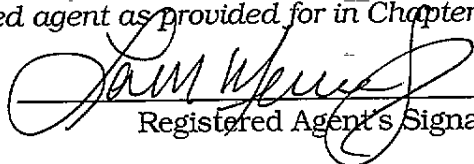
The mailing address and street address of the principal office of the Limited Liability Company is: 30 Overlook Drive, Anderson, Indiana 46011.

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

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

Louis M. Meiners, Jr.  
2598 L'Ermitage Lane  
Naples, FL 34105

*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

**Article IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
\_\_\_\_\_  
**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.)

Carey B. McLaughlin  
\_\_\_\_\_  
Typed or printed name of signee

**FILING FEES:**

\$ 25.00 Designation of Registered Agent  
\$ 100.00 Filing Fee for Articles of Organization  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

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