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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT 26 PM 3: 11

FILED

WL 60/26

LIMITED LIABILITY COMPANY

GOLF PARTNERS, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT 26 PM 3: 04

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: GOLF PARTNERS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
921 Southeast Central Parkway
Stuart, FL 34994

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

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

Ronald A. Coruzzi
Name
921 Southeast Central Parkway
Florida street address (P.O. Box NOT acceptable)
Stuart FL 34994
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.

[Handwritten Signature]
Registered Agent's Signature

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00 OCT 26 3:11 PM
STATE OF FLORIDA
TALLAHASSEE

Article IV - Management (Check box if applicable.)

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

[Handwritten 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.)

Ronald A. Coruzzi
Typed or printed name of signee

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