

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L010000006475

(1) Cutter Sound Golf & Yacht Club I LLC

(2) Cutter Sound Golf & Yacht Club II LLC

600004080796--2
-04/26/01--01058--025
*****70.00 *****70.00

600004080796--2
-04/26/01--01062--012
*****55.00 *****55.00

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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TALLAHASSEE, FLORIDA
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DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

Name _____
Availability _____
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

4/26/01

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Order#: 4191603

Ref#: _____

Amount: \$ _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

VB-20-01

ARTICLES OF ORGANIZATION
OF
CUTTER SOUND GOLF & YACHT CLUB I LLC

ARTICLE I – Name

The name of the Limited Liability Company is **CUTTER SOUND GOLF & YACHT CLUB I LLC**.

ARTICLE II – Address

The mailing and street address of the Limited Liability Company is 7495 W. Atlantic Avenue, Suite 220B, Delray Beach, Florida 33446.

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

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.

Connie Bryan
Registered Agent's Signature

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

ARTICLE IV – Management

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

Denise R. Kling
Denise R. Kling
Organizer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR 26 PM 2:24

APPROVED
AND
FILED