

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**L01000006477**

(1) Cutter Sound Golf & Yacht Club I LLC

(2) Cutter Sound Golf & Yacht Club II LLC

800004080798--6

-04726701--01062--013

\*\*\*\*\*55.00 \*\*\*\*\*55.00

800004080798--6

04/26/01 81958--026

\*\*\*\*\*70.00 \*\*\*\*\*70.00

RECEIVED  
DEPARTMENT OF STATE  
CORPORATIONS  
DIVISION  
APR 26 AM 11:18  
NO FEE REQUIRED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

4/26/01

Order#: 4191603

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

01 APR 26 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVE  
AND  
FILED

*gjc*

*VB  
4-26-01*

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

**ARTICLES OF ORGANIZATION**  
**OF**  
**CUTTER SOUND GOLF & YACHT CLUB II LLC**

**ARTICLE I – Name**

The name of the Limited Liability Company is **CUTTER SOUND GOLF & YACHT CLUB II 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 and is, therefore, a manager-managed company.

Denise R. Kling  
Denise R. Kling  
Organizer

01 APR 26 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED