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ATTORNEYS, P.A.

11891 U.S. HIGHWAY ONE, STE. 201
NORTH PALM BEACH,
FLORIDA 33408

JAMES D. RYAN
LAUREN J. SCHINDLER

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January 3, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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****125.00 ****125.00

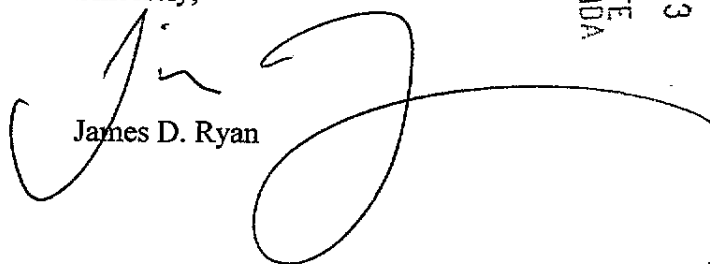
RE: Parfourmance Golf L.L.C.

Dear Division of Corporations:

Enclosed please find an original and one copy of Parfourmance Golf L.L.C together with our firm's check in the amount of \$125.00 for the recording of same. Should you require any additional information please feel free to contact me directly

Thanking you in advance for your attention in this matter.

Sincerely,


James D. Ryan

FILED
02 FEB 22 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JDR/lah
Enc: As stated above.

CC: Jacqueline Gallagher-Smith

L02-4354
AK



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 11, 2002

JAMES RYAN
11891 U.S. HIGHWAY ONE, STE. 201
NORTH PALM BEACH, FL 33408

SUBJECT: PARFOURMANCE GOLF L.L.C.
Ref. Number: W02000000946

We have received your document for PARFOURMANCE GOLF L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The operating agreement is not filed with our office.,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 902A00001621

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 FEB 22 PM 2:33

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Parfourmance Golf L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

*193 Paradise Circle
Jupiter, FL 33458*

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

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

James D. Ryan, Esq

RYAN & RYAN
JAMES D. RYAN
11891 US HWY. ONE, STE.201
NORTH PALM BEACH, FL 33408

RYAN & RYAN
JAMES D. RYAN
11891 US HWY. ONE, STE.201
Florida street address (P.O. Box NOT acceptable)
NORTH PALM BEACH, FL 33408

FL

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

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)

x *[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.)

x *Jacqueline Gallagher-Smith*

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA