

# LO2000008288



ACCOUNT NO. : 072100000032

REFERENCE : 511692 7331783

AUTHORIZATION :

*Patricia Pajuts*

COST LIMIT : \$ 125.00

ORDER DATE : April 4, 2002

ORDER TIME : 1:42 PM

ORDER NO. : 511692-001

CUSTOMER NO: 7331783

CUSTOMER: Dr. Lawrence J. Shaffer  
Dr. Lawrence J. Shaffer

200005205572--8

9270 Sloane Street  
Suite 250  
Orlando, FL 32827

## DOMESTIC FILING

NAME: DOCTEUR DE GOLF, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Name	
Availability	<u>XX</u> CERTIFIED COPY <u>XX</u> PLAIN STAMPED COPY
Document	CERTIFICATE OF GOOD STANDING
Examiner	DCC
Updater	DCC
Updater verifier	DCC
Acknowledgement	DCC
W. P. Verfyer	DCC

CONTACT PERSON: Deborah Schroder - EXT. 1118

EXAMINER'S INITIALS:

RECEIVED  
02 APR -8 PM 2:02  
DIVISION OF CORPORATION  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

LO2000008288

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

DOCTEUR DE GOLF, LLC

## ARTICLE II - Address:

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

9270 SLOANE STREET, SUITE 250, ORLANDO, FL 32827

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

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

CORPORATION SERVICE COMPANY		
Name		
1201 HAYS STREET		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
TALLAHASSEE	FL	32301
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.*

CORPORATION SERVICE COMPANY

By:

**Brian Courtney**  
**Asst. V. Pres.**

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.)

Brian Courtney, As Agent

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)

FILED  
02 APR - 8 PM  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

MANAGING MEMBERS  
OF  
DOCTEUR DE GOLF, LLC.

Lawrence J. Shaffer  
9270 Sloane Street  
Suite 250  
Orlando, FL

Das

FILED  
02 APR -8 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of DOCTEUR DE GOLF, LLC, (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 16<sup>th</sup> day of April, 2002.

Lawrence J. Shaffer  
Signature  
LAWRENCE J. SHAFFER  
Print Name of Signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR - 8 PM 3:44

FILED

WITNESS:

Kathleen Shaffer  
Signature

Kathleen Shaffer  
Print Name of Witness

WITNESS:

Lori S. Cosmides  
Signature

LORI S COSMIDES  
Print Name of Witness

Das