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Ponnington Law Firm Requestor's Name

215 S. Monroe, and Floor

OB Tallahassee 222:3533 City/State/Zip Phone #

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CORPORAT	TION NAME(S) & D	OCUMENT 1	NUMBE	R(S), (if k	nown Sell	III. 24		
1	(Corporation Name)		(Docume	ent #))F \$1/	P# 2:	<u> </u>	
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'- NEW EILINGS				
	Profit			
	NonProfit			
X	Limited Liability			
	Domestication			
	Other			

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

Please calf When ready

OTHEREILINGS
Annual Report
Fictitious Name
 Name Reservation

		REGISTRATION/	
		Foreign	
		Limited Partnership	
Reinstatement			
		Trademark	
		Other .	

Examiner's Initials	

ARTICLES OF ORGANIZATION

OF

TRUMAN GOLF, L.L.C.

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. <u>NAME</u>.

The name of the Limited Liability Company is Truman Golf, L.L.C. (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

PURPOSE.

The purpose for which the Company is organized is to promote golf clinics, tournaments, and do everything incidental or necessary relating to golf promotions and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. ADDRESS OF PLACE OF BUSINESS.

The mailing and street address of the place of business in Florida for the Company is 3005 Barclay Court, Tallahassee, Florida 32309. Such address may be changed from time to time as provided in the

Operating Agreement.

REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Josh Truman, and the initial registered office is located at 3005 Barclay Court, Tallahassee, Florida 32309.

6. <u>INITIAL CAPITAL CONTRIBUTIONS.</u>

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: One Hundred and No/100 Dollars (\$100.00) in cash.

7. <u>ADDITIONAL CONTRIBUTIONS.</u>

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

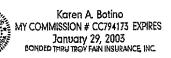
9. MANAGEMENT.

The Company shall be managed by the Member(s).

10. <u>INDEMNIFICATION</u>.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify

any Member or former Me	ember to the full extent per	mitted under the F	lorida Limited Lial	offity Conspany
Act.				E E E
11. <u>EFFECTIVE TIN</u>	<u>vie.</u>		- 	98 S
These Articles sh	nall be effective when fil	ed with the Flori	da Department of	State.
Executed at Talla	ahassee, Florida, on the_	24_day of_	July, 2002	!.
	Ву:	Joshua Trum	an, Member	
STATE OF FLORIDA,				
COUNTY OF LEON.			-	
by JOSHUA TRUMAN, a of the company.	trument was acknowledge a member of Truman Golf He is personally know LOAS LOLLSO	L.C., a Florida lii	mited liability comp r has produced	pany, on behalf
(SEAL)	NO	TARY PUBLIC -	STATE OF FLO	OLUED RIDA



Print, Type or Stamp Name of Notary Public

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement indesignating the registered office/registered agent, in the state of Florida.

1. The name of the company is: Truman Golf, LLC

2. The name and address of the registered agent and office is:

Joshua Truman

(NAME)
3005 Barclay Court
(P.O. BOX <u>NOT</u> ACCEPTABLE)

Tallahassee, Florida 32309 (CITY/STATE/ZIP)

SIGNATURE

TITLE Member

DATE JULY 24, 2002

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.

SIGNATURE

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REGISTERED AGENT FILING FEE: \$25.00