



# L020000025758

ACCOUNT NO. : 072100000032

REFERENCE : 759345 7351732

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED  
02 OCT - 1 PM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : September 25, 2002

ORDER TIME : 10:36 AM

ORDER NO. : 759345-001

CUSTOMER NO: 7351732

CUSTOMER: Mr. Daniel V. Rowe  
Mr. Daniel V. Rowe

9325 Cypress Bend Dr.

Tampa, FL 33647

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DOMESTIC FILING

NAME: GOLFINITI, LLC

EFFECTIVE DATE:

700008130587--5

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Powell - EXT. 1155

EXAMINER'S INITIALS: \_\_\_\_\_

L02-25758  
TC

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

GOLFINITI, LLC

## ARTICLE II - Address:

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

9325 CYPRESS BEND DRIVE, TAMPA, FLORIDA 33647

## 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 **NOT** 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: Deborah D. Skipper  
Registered Agent's Signature

Deborah D. Skipper  
Asst. V. Pres.

## 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)

Deborah D. Skipper  
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.)

DEBORAH D. SKIPPER

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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Managing Member List  
Of  
Golfiniti, LLC

Daniel V. Rowe  
9325 Cypress Bend Drive  
Tampa, Florida 33647

Lawrence W. Madeira  
25 Windstone Drive  
Portsmouth, Rhode Island 02871

Steven A. Susi  
172 E. 89<sup>th</sup> Street, #4A  
New York, New York 10128

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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 GOLFINITI, 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 Articles of Organization of the LLC with the State Of Florida Department of State. 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

This Limited Power of Attorney is executed on this 1 day of OCT, 2002

Signature

Print Name of Signer

WITNESS:

Signature

Print Name of Witness

WITNESS:

Signature

Print Name of Witness

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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