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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
TO: Registration Section Division of Corporations SUBJECT: PRIME TIME Golf LLC (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAURA CLAUSED (Name of Person)
(Firm/Company)
50 South U.S. HIGHWAY QUE STE 309 (Address)
Jupiter FL 33477 (City/State and Zip Code)
For further information concerning this matter, please call:
MAURA CLAUSED at (561) 747-1770 (Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF THE WAY	10 CO
Maria Sec.	14.53

ARTICLE I - Name: The name of the Limited Liability Company is:	TO PAIN
PRIME TIME GOLF, LLC	₽ , Ű.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	is:

Principal Office Address:	Mailing Address:
50 South U.S. HIBHWAY 1	50 South U.S. HICHWAY
Suite 309	Suite 309
Jupiter FL 33477	Jupiter, FL 33477

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Name

139 COURTNEY COURT

Florida street address (P.O. Box NOT acceptable)

Jupiter FLORIDA 33458

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 1008, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

	ng Member(s): or Managing Member is as follows: Name and Address:
	W. S.
ARTICLE IV- Manager(s) or Managir The name and address of each Manager	ng Member(s):
The name and address of each Manager	of Managing Method is as follows.
Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM_	MAURA CLAUSED
	Jupiter FL 33458
(Use attachment if necessary)	
(Ose attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
DECAUDED CYCAL MATERIES	1 1
REQUIRED SIGNATURE:	Cu 1/01
Signature	thorized representative of a member.
•	· ·
of this document constitutes an a that the facts stated herein are true.	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury e.)

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)

Typed or printed name of signee