

LO3000055890

(Requestor's Name)

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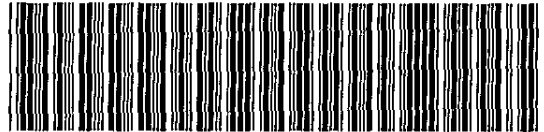
(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LO3-55890  
JR



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 374602 81002A

AUTHORIZATION :

*Patricia Figure*

COST LIMIT : \$ 155.00

ORDER DATE : December 24, 2003

ORDER TIME : 10:12 AM

ORDER NO. : 374602-005

CUSTOMER NO: 81002A

CUSTOMER: Michael S. Teal, Esq  
Huddleston & Teal P.a.

114 West Rich Avenue

Deland, FL 32720

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TALLAHASSEE, FLORIDA

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NAME: LANGE'S GOLF SHOP, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

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

**ARTICLES OF ORGANIZATION FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is **LANGE'S GOLF SHOP, LLC.**

**ARTICLE II - Address:**


The mailing address and street address of the principal office of the Limited Liability Company is 131 N. Woodland Blvd., DeLand, FL 32720.

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

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

Jeffrey A. Lange  
131 N. Woodland Blvd.  
DeLand, FL 32720

*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.*

  
\_\_\_\_\_  
Registered Agent's Signature

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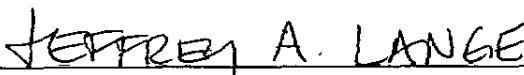
**ARTICLE IV: Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.



\_\_\_\_\_  
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.)



\_\_\_\_\_  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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