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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**LIMITED LIABILITY COMPANY**

**samuelboca golf, llc**

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATION

04 FEB -5 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
AND  
RECORDED

2-10-04

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ARTICLES OF ORGANIZATION

③

FOR

SAMUELBOCA GOLF, LLC

ARTICLE I - NAME:

The name of this Limited Liability Company ("Company") shall be:

SAMUELBOCA GOLF, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is: c/o Michael Samuel, 3110 NE 2<sup>nd</sup> Avenue, Miami, Florida 33137.

ARTICLE III - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV. - MANAGEMENT

The Company is to be managed by its managers. The name and address of the initial managers of the Company is:

Michael Samuel  
3110 NE 2<sup>nd</sup> Avenue  
Miami, Florida 33137

(In accordance with section 608.402(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
\_\_\_\_\_  
Signature of a Member Representative

AND  
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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: SAMUELBOCA GOLF, LLC
2. The name and the Florida street address of the registered agent are:

MICHAEL SAMUEL

NAME

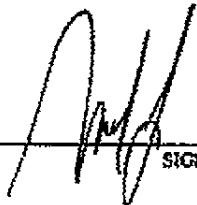
3110 NE 2<sup>nd</sup> Avenue

Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33137

CITY, STATE AND ZIP

*Having been named as registered agent and to accept service of process for the above stated limited liability company as 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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