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TRANSMITTAL LETTER

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TO: Registration Section Division of Corporations

409 E. Gaines Street Tallahassee, Florida 32399 2004 MAR 17 P 1: 05

SECRETARY OF STATE ALLAHASSEE, FLORIDA

SUBJECT: GOLF SOLUTIONS, LLC		TA
	Limited Liability Company)	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
RICHARD MADARIS		
(Name of Person)		
GOLF SOLUTIONS, LLC		
(Firm/Company)	90	
6455 HWY. 90		
(Address)		
MILTON, FL 32570		
(City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
RICHARD MADARIS	at (850 _{_}} 723-1159	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	

Tallahassee, Florida 32314

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SECRETARY OF STATE ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY SECONDANIA

	ame: Limited Liability Compa	ny is:
GOLF SOLUTION	-	
ARTICLE II - A		the principal office of the Limited Liability Company is
Principal Office	Address:	Mailing Address:
6455 HWY. 90		6455 HWY. 90
040011111.00		
MILTON, FL 3257		MILTON, FL 32570 stered Office, & Registered Agent's Signature:
MILTON, FL 3257	Registered Agent, Regi	stered Office, & Registered Agent's Signature: f the registered agent are:
MILTON, FL 3257	Registered Agent, Regi	stered Office, & Registered Agent's Signature: f the registered agent are:
MILTON, FL 3257	Registered Agent, Regi	stered Office, & Registered Agent's Signature: f the registered agent are:
MILTON, FL 3257	Registered Agent, Regi	stered Office, & Registered Agent's Signature: f the registered agent are:
MILTON, FL 3257	Registered Agent, Regi e Florida street address of RICHARD MADAF	stered Office, & Registered Agent's Signature: f the registered agent are:
MILTON, FL 3257	Registered Agent, Regi e Florida street address of RICHARD MADAF	stered Office, & Registered Agent's Signature: f the registered agent are: IS Name

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

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

"MGR" = Manager		TA
"MGRM" = Managing Mem	ber	
MGRM	RICHARD MADARIS	
	6455 HWY. 90	
	MILTON, FL 32570	
MGRM	SUE MADARIS	
	6455 HWY. 90	
	MILTON, FL 32570	

Name and Address:

(Use attachment if necessary)

Title:

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

RICHARD MADARIS

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)