

(Re	equestor's Name)		-
(Ad	idress)		-
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(Cit	ty/State/Zip/Phon	e #)	-
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	-
(Do	cument Number)	<u> </u>	-
Certified Copies	_ Certificate:	s of Status	
Special Instructions to	Filing Officer:	<u> </u>	
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Office Use Only





ACCOUNT NO. : 07210000032

REFERENCE: 734219 5017647

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORIDA

ORDER DATE: June 9, 2004

ORDER TIME : 9:19 AM

ORDER NO. : 734219-005

CUSTOMER NO: 5017647

CUSTOMER: Ms. Connie B. Walsh

Bryan Cave Llp

Suite 3600, One Metropolitan Square 211 North Broadway St. Louis, MO 63102-2750

DOMESTIC FILING

NAME: WHITFIELD GOLF TOURNAMENTS,

LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:	
The name of the Limited Liability Compa	
Whitfield Golf Tournaments. LLC	
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
7407 S.E. Hill Terrace	same as principal
Hobe Sound, FL 33455	
	<u> </u>
ARTICLE III - Registered Agent, Regi	istered Office, & Registered Agent's Signature: of the registered agent are:
Rick Whitfield	
	Name
7407 S.E. Hill Te	rrace
Florida street addi	ress (P.O. Box <u>NOT</u> acceptable)
Hobe Sound	FLORIDA 33455
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, Florida Statutes..

By: Kill While Registered Agent's Signature

Page 1 of 2 (CONTINUED)



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

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Rick Whitfield	
	7407 S.E. Hill Terrace	
	Hobe Sound, FL 33455	
(Use attachment if necessary)		
NOTE: An additional article r	nust be added if an effective date is requested.	
REQUIRED SIGNATURE:		
Keil	Willies	
Signature of a membe	r or an authorized representative of a member.	
ilm accordance with sec	ction 608.408(3), Florida Statutes, the execution	
of this document consti	itutes an affirmation under the penalties of perjury	
that the facts stated her	ein are true.)	
By:Rick Whitfie	ld	
	ped 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)