

W04 000050453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

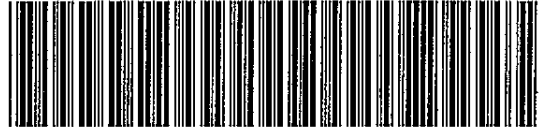
(Business Entity Name)

(Document Number)

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06/24/04--01058--021 \*\*160.00

W04-50453  
AL  
FILED  
JUN 27 2004  
CLERK OF COURT  
FLORIDA

Paradise Golf Carts L.L.C.  
Joseph Freeland  
2849 50<sup>th</sup> St. SW.  
Naples, FL 3411  
239-455-1741  
239-243-4163

# *Paradise Golf Carts L.L.C.*

June 21, 2004

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Attached please find the required documents to process the fictitious name of Paradise Golf Carts LLC.

Should you have any questions, please feel free to contact me at the above address and phone number.

Sincerely,

  
Joseph C. Freeland  
President

06/21/04 7:48:25  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Paradise Golf Carts  
(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:

Joseph C. Freeland  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

2849 50th St. SW.  
(Address)

Naples, FL 34116  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph C. Freeland at ( 239 ) 455-1741  
(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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JUN 21 - 7 54 8:29

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 25, 2004

JOSEPH FREELAND  
2849 50TH STREET SW  
NAPLES, FL 34116

SUBJECT: PARADISE GOLF CARTS  
Ref. Number: W04000024608

We have received your document for PARADISE GOLF CARTS and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 104A00042022

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

JUN 25 7 49 PM '04

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Paradise Golf Carts L.L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

2849 50th ST. SW.

Naples, FL 34116

**Mailing Address:**

2849 50th ST SW.

Naples, FL 34116

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

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

Joseph C. Freeland  
Name

2849 50th ST SW.  
Florida street address (P.O. Box NOT acceptable)

Naples, FL 34116  
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..*

Joseph C. Freeland  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA  
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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Joseph C. Freeland  
2849 50th ST. SW.  
Naples, FL 34116

MGRM

Lois M. Freeland  
2849 50th ST SW.  
Naples, FL 34116

MGR

Brenda M. Freeland  
2849 50th ST SW.  
Naples, FL 34116

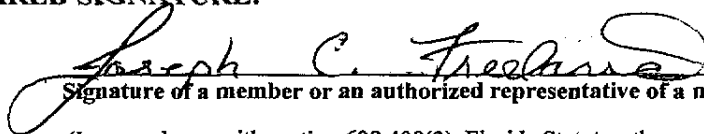
MGR

Kenneth E. Freeland  
550 1st ST. SE  
Naples, FL 34117

(Use attachment if necessary)

**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.)

Joseph C. Freeland  
Typed or printed name of signer

**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)

FILED  
JUL 16 - 7 17 8:29  
TALLAHASSEE, FLORIDA