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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
•		,		
(Document Number)				
Certified Coples	Certificate	s of Status		
Special Instructions to Filing Officer:				
		:		
		:		

Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VIRTUAL GOLF, LLC	· · · · · · · · · · · · · · · · · · ·
(Name of L	imited Liability Company)
The enclosed Articles of Organization and fee(s)	_
Please return all correspo	ondence concerning this matter to the following:
MICHAEL A KAHN	
•	(Name of Person)
VIRTUAL GOLF, LLC	(Name of Person)
	(Firm/Company)
4457 PRO AM AVE. E.	SSEE 2
	(Address)
BRADENTON, FLORIDA 34	
	(City/State and Zip Code)
For further information concerning this matter, pl	lease call:
MICHAEL A KAHN	at (941) 739-3990
(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

ARTICLES OF ORGANIZATION FOR

MINITED SONO FLORIDA LIMITED LIABILITY COMPANY

Mailing Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

VIRTUAL GOLF, LLC

ARTICLE II - Address:

Principal Office Address:

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

		Maning Additess.
MICHAEL A KAHN		MICHAEL A KAHN
4457 PRO AM AVE E		4457 PRO AM AVE E
BRADENTON FL 34203	<u>; </u>	BRADENTON FL 34203
	stered Agent, Registered Office, rida street address of the registere	& Registered Agent's Signature: d agent are:
MI	CHAFI A KAHNI	
MI	CHAEL A KAHN Name	
		DT acceptable)
44	Name 57 PRO AM AVE E Florida street address (P.O. Box NO	DT acceptable)

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..

Registered Agent's Signatur

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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	- PLANE FILE
MGR	MICHAEL A KAHN 4457 PRO AM AVE E BRADENTON, FL 34203	
MGRM	ROBERT W JOHNSON 520 CHAMPION HILLS DR ALPHARETTA, GA 30004	
(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.)

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)