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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations								
SUBJECT: REACTION GOLF, L.L.C								
(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:								
PURUSHOTTAM KUMAR GARG								
(Name of Person)								
(Firm/Company)								
5553 HWY 90								
(Address)								
PACE, FLORIDA 32571								
(City/State and Zip Code)								
For further information concerning this matter, please call:								
PURUSHOTTAM KUMAR GARG at (850) 995-8811								
(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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lia	· ·		<u> </u>
ARTICLE II - Address: The mailing address and stre	eet address of the pri	ncipal office of the Limited Liability Compar	ny is:
Principal Office Address:		Mailing Address:	
5553 HWY 90		5553 HWY 90	_
PACE, FLORIDA 32571		PACE, FLORIDA 32571	
			_
The name and the Florida su	reet address of the re	gistered agent are:	
	PURUSHOTTAM KU		
	PURUSHOTTAM KU Name 5553 HV	MAR GARG	
	PURUSHOTTAM KU Name	MAR GARG	
	PURUSHOTTAM KU Name 5553 HV orida street address (P.O.	MAR GARG VY 90 Box NOT acceptable)	eur m
	PURUSHOTTAM KU Name 5553 HV orida street address (P.O.	MAR GARG VY 90 Box NOT acceptable)	# port *
Flood Having been named as registered age company at the place designated in the gree to act in this capacity. I further and complete performance of my duti registered agent	PURUSHOTTAM KU Name 5553 HV orida street address (P.O. PACE, City, State, and and to accept serve this certificate, I herebagree to comply with the complete the complete that are provided for in Change as provided for in Change and I am familiar that as provided for in Change and I am familiar that are provided for in Change and I am familiar that are provided for in Change and I am familiar that are provided for in Change and I am familiar that are provided for in Change are served to the complete that the com	MAR GARG VY 90 Box NOT acceptable) FLORIDA 32571 ad Zip vice of process for the above stated limited liable by accept the appointment as registered agent of the provisions of all statutes relating to the private with and accept the obligations of the position hapter 608, Florida Statutes.	and oper
Flood Having been named as registered age company at the place designated in the gree to act in this capacity. I further and complete performance of my duti registered agent	PURUSHOTTAM KU Name 5553 HV orida street address (P.O. PACE, City, State, ar ent and to accept serv his certificate, I hereb agree to comply with ies, and I am familiar as provided for in Ch	MAR GARG VY 90 Box NOT acceptable) FLORIDA 32571 ad Zip ice of process for the above stated limited liably accept the appointment as registered agent of the provisions of all statutes relating to the previous with and accept the obligations of the position.	and oper

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:

	Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managin		Member	Percentage of Ownership	
	<u>MGRM</u>	PRAKASHWATI PROPERTIES, L.L.C. THRU ITS MGRM: PURUSHOTTAM K. GA 5553 HWY 90 PACE, FL 32571	50% ARG	
	<u>MGR</u>	RONALD DAVID MOORE 227 E. INTENDENCIA ST. PENSACOLA, FL 32502	24%	
	MGR	THOMAS HUNTER JENNETTE 1214 WILSON AVE. PENSACOLA, FL	25%	
	MGR	ANJU GARG, 4534 AMBLEWOOD COURT	1%	

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

PACE, FLORUIDA 32571

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member:

(In accordance with section 608.408(3), Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that fhe facts stated herein are true.)

PURUSHUTTAM ISUMAR Typed or printed name of signee

Filling Fees:

\$100.00 Filing Fee dor Aticles of Organization

\$25.00 Designation of Registered Agent

\$30.00 Certified Copy (Optional)

\$5.00 Certified of Status (Optional)