## W4000074418

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	» #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		Ī
į		
		]
		ļ
!		

Office Use Only



100042141431

18/27/14--61011--627 \*\*\*\*\*\*\*\*\*\*\*\*\*\*

WH-74618

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: GUE 2 GOF LENOUS, 22C (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:			
RONALD HOGARTH			
(Name of Person)	-		
T&H COMPTROLLERS, INC.	<del></del>		
(Firm/Company)			
200 CAPRI ISLES BLVD., SUITE 2 (Address)		_ ·	
VENICE, FL 34292			
(City/State and Zip Code)	•		
For further information concerning this matter, please call:	RILARES	9	
RONALD HOGARTH at ( 941 ) 484-4980	- <del>1</del> 11		=1
(Name of Person) (Area Code & Daytime Telephone Number)	<u>™</u> .	13	8

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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
GULF 2 GOLF LE	WERS, UC
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1315 GUARDIAN DR.	SAME
VENICE, FL 34292	
ARTICLE III - Registered Agent, Registered Offi The name and the Florida street address of the register	
TEN ComptRows	es, The
200 CAPRI TSUS A Florida street address (P.O. Box	S-VD.
VENICE City, State, and Zi	FLORIDA <b>34292</b>

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.

ONACO P. HOGARTH

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:	
MGRM	FRANCINE LACHER  1315 SUBROIAN DR.  VENICE, FL 34292	
MGRM	TAMMER. MAYER 4758 WECOMA AVE. NORTH PORT, FL 34287	
	THE COLUMN THE PARTY OF THE PAR	
(Use attachment if necessary)	7 P. * 2:15	
NOTE: An additional article must	导应	
DECLIDED CICKLEUDE		

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.)

ancine 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)