

L05000008740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

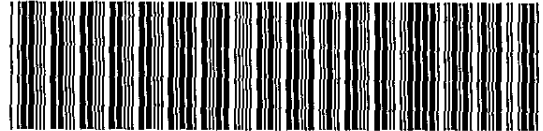
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TALLAHASSEE, FLORIDA



ION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 169380 5490A

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 125.00

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ORDER DATE : January 27, 2005

ORDER TIME : 12:56 PM

ORDER NO. : 169380-005

CUSTOMER NO: 5490A

CUSTOMER: Ms. Kathleen Kennedy  
Mastriana & Christiansen

Suite 200  
1500 North Federal Highway  
Fort Lauderdale, FL 33304

DOMESTIC FILING

NAME: STR GOLF, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: STR GOLF, LLC

## ARTICLE II - Address:

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

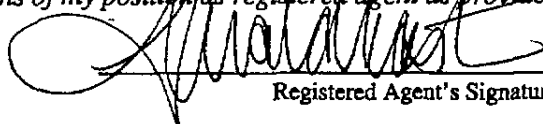
828 SE 4th Street  
Fort Lauderdale, Florida 33301

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

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

F. Ronald Mastriana, Esq.  
Name  
1500 North Federal Highway #200  
Florida street address (P.O. Box NOT acceptable)  
Fort Lauderdale FL 33304  
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, F.S..*

  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Sarah D. McDonald, Manager & Member  
Minka J. McDonald, Member

(An additional article must be added if an effective date is requested)

Sarah McDonald  
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.)

Sarah McDonald  
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)

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