

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)205-0383

## From:

Account Name : GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS  
Account Number : I19990000278  
Phone : (407)647-4455  
Fax Number : (407)740-7063

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DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

## TENNIS RESORTS CONSULTING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

TENNIS RESORTS CONSULTING, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**PO BOX 3476  
WINTER PARK, FL 32790**Mailing Address:**PO BOX 3476  
WINTER PARK, FL 32790**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

J. LINDSAY BUILDER, JR., ESQ.

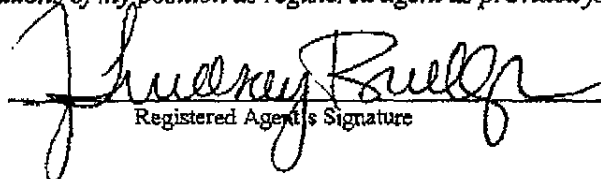
Name

369 N. NEW YORK AVENUE, 3RD FLOORFlorida street address (P.O. Box **NOT** acceptable)WINTER PARK, FL 32789

FL

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 SignatureFILED  
2005 JAN 10 12  
STATE  
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:**MGRCARLOS GOFFIPO BOX 3478WINTER PARK FLORIDA 32780

(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 608.401(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CARLOS GOFFI

Typed or printed name of signor

**Filing Fees:****\$125.00** Filing Fee for Articles of Organization and Designation of Registered Agent**\$ 38.00** Certified Copy (Optional)**\$ 5.00** Certificate of Status (Optional)

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