

L05000023731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

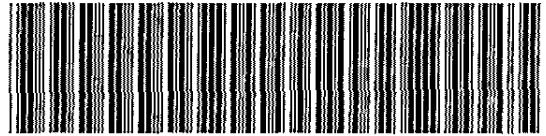
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TALLAHASSEE, FLORIDA

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05 MAR -9 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 248128 7142564

AUTHORIZATION :

*Patricia Pajuts*

COST LIMIT : \$ 125.00

FILED  
05 MAR -9 PM 5:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : March 9, 2005

ORDER TIME : 2:04 PM

ORDER NO. : 248128-005

CUSTOMER NO: 7142564

CUSTOMER: Ms. Patricia Jehlen-agnes  
Gibson & Kohl-helbig, P.l.

400 Burns Court

Sarasota, FL 34236

DOMESTIC FILING

NAME: BENEVA GOLF ASSOCIATES, L.L.C.

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: Amanda Haddan - EXT. 2955

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Beneva Golf Associates, L.L.C.

## ARTICLE II - Address:

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

Principal Office Address:2401 Beneva RoadSarasota, FL 34232Mailing Address:1225 Fruitville RoadSarasota, FL 34236

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

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

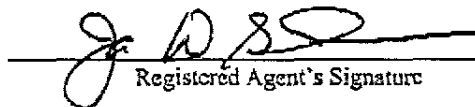
James D. Gibson, Esquire

Name

400 Burns CourtFlorida street address (P.O. Box NOT acceptable)Sarasota, FL 34236FL

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

(CONTINUED)

Page 1 of 2

**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:**

MGR M

Waterside Investment Group, Inc.

1225 Fruitville Road

Sarasota, FL 34236

MGR M

Chad Bratzke

1225 Fruitville Road

Sarasota, FL 34236

MGR M

Neal Neillinger


1225 Fruitville Road

Sarasota, FL 34236

(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.)

Chad Bratzke

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**