4 4510 APR. 27. 2005c 4 ons Florida Department of State **Division of Corporations** Public Access System **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H05000106569 3))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)205-0383 From: 05 Vos 1 10 Account Name : HAILE, SHAW SPFAFFENBERGER, P.A. Account Number : 076326003550 7:56 IVISION OF CORPORATI : (561)627-8100 Phone Fax Number : (561)622-7603 道田 H - 21 APR 27 <u>ت</u>، ښ LIMITED LIABILITY COMPANY S TROPHY GOLF MANAGEMENT, LLC Certificate of Status 0 Certified Copy 0 Page Count 01 Estimated Charge \$125.00

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ARTICLES OF ORGANIZATION

OF

TROPHY GOLF MANAGEMENT, LLC

The undersigned authorized representative of a member, for the purpose of forming a limited fiability company under the Florida Limited Liability Act, Florida Statutes Chapter 608 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

ARTICLE I - NAME

The name of the limited liability company shall be TROPHY GOLF MANAGEMENT, LLC (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is 8332 S.E. Double Tree Drive, Hobe Sound, FL 33455.

ARTICLE III - REGISTERED AGENT

The name of the registered agent of the Company in the State of Florida is James H. Schnare II, and its address is 660 U.S. Highway #1, Third Floor, North Palm Beach, Florida 33408.

ARTICLE IV - MANAGEMENT BY MANAGERS

The Company is to be managed by Lee M. Lockhart, as its initial Manager, and is, therefore, a manager-managed limited liability company.

IN WITNESS WHEREOF, the undersigned authorized representative of a Member of the Company has made, subscribed and affirmed these Articles of Organization under the penalties of perjury at North Palm Beach, Florida, this 27th day of April, 2005.

James H. Schnare II, Authorized Representative

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned submits the following statement to accept the designation of registered office and agent in the State of Florida set forth in Article III of the foregoing Articles of Organization.

1. The name of the limited liability company is TROPHY GOLF MANAGEMENT, LLC.

2. The name of the registered agent in the State of Florida is James H. Schnare II, an individual.

3. The address of the registered agent in the State of Florida is 660 U.S. Highway #1, Third Floor, North Palm Beach, Florida 33408.

THE UNDERSIGNED HEREBY accepts his appointment as Registered Agent of the aforesaid limited liability company. I am familiar with, and accept the obligations of, Section 608.415 of the Florida Statutes.

œ Schnare II

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