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Certified Copies	Certificates	of Status
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SECRETARY LET STATE
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: PETAK GOLF ACCESSORIES LLC (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:
Robert Retail (Name of Person)
Retark Golf Paccessories CCC (Firm/Company)
3633 Janquer Lervace
SAFASOTA FLORI DA 34739 (Clty/State and Zip Code) (Clty/State and Zip Code)
For further information concerning this matter, please call:
KMEN 16+AL "141 154-4009 = = =
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:
S125.00 Filing Fee Status S155.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S125.00 Filing Fee Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

6/20/2005 *

Registration Section
Division of corporations

Please find included here for Petak Golf Accessories LLC Articles of Organization and a check in the amount of \$160.00 to cover the cost of Organization and Designation of Registered Agent, a Certified Copy for Petak Golf Accessories LLC 's records and a Certificate of Status.

Please use an effective date of June 15, 2005.

Please contact me Robert Petak at the numbers below if there are any questions.

Thank You,

Respectfully,

Robert Petak

Petak Golf Accessories LLC.

3633 Tangier

Terr.

Sarasota, FL

34239

Phone

941-954-4009

Fax

775-890-3078

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Con	mpany is:	
PETALGOP 1	Accessories	, the
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:	
- () -		

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

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

ARTICLE I - Name:

Name

Florida street address (P.O. Box NOT acceptable)

SAMOOFAR 34839

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

SECRED ART OF STATE

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Robert M. Ratak
MGRM	Scott B. Retrak
(Use attachment if necessary)	
NOTE: An additional article mus	st 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.)

Typed or printed name of signee

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)