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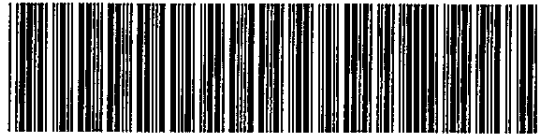
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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABLE GOLF COURSE SUPPLY, L.L.C.
(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:

KELLY J. BONE

(Name of Person)

ABLE GOLF COURSE SUPPLY, L.L.C.

(Firm/Company)

1808 MALONE STREET

(Address)

LEHIGH ACRES, FL 33936

(City/State and Zip Code)

For further information concerning this matter, please call:

KELLY J. BONE

(Name of Person)

at (239) 281-3108

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & 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
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABLE GOLF COURSE SUPPLY, 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:

1808 MALONE STREET
LEHIGH ACRES, FL 33936

Mailing Address:

1808 MALONE STREET
LEHIGH ACRES, FL 33936

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

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

KELLY J. BONE

Name

1808 MALONE STREET

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

LEHIGH ACRES, FL 33936

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.

Kelly J. Bone
Registered Agent's Signature

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CLERK OF CIRCUIT COURT
LEHIGH ACRES, FLORIDA

(CONTINUED)

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

"MGRM" = Managing Member

KELLY J. BONE

1808 MALONE STREET
LEHIGH ACRES, FL 33936

MGRM

MGRM

ROGER DELONG

1808 MALONE STREET
LEHIGH ACRES, FL 33936

NOTE: An additional article must be added if an effective date is requested.

Kelly J Bond

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.)

KELLY J. BONE

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

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