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COVER LETTER

TO: Registration So Division of Co			
SUBJECT: Golf C	Breens of N.E. Flor		
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	condence concerning this matte	er to the following:	
Christine	Eulenfeld		
***	(Name of Person)	
Golf Gree	ens of N.E. Florida	a L.L.C.	
	(Firm/Company)	
3607 Ma	idstone Court		
	•	(Address)	
Green C	ove Springs, Flo	orida 32043	
\	(City	/State and Zip Code)	
For further information	concerning this matter, please	call;	
Christine Eule	nfeld	at (904) 284-20)53
(Name of Person)		(Area Code & Daytime	
Enclosed is a check for	or 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	v is:
Golf Greens of N.E. Florida L.L.C.	
(Must end with the words "Limited Liability Company, "I	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3607 Maidstone Court	3607 Maidstone Court
Green Cove Springs, Florida 32043	Green Cove Springs, Florida 32043
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
Christine Eulenfeld	
N	ame
3607 Maidstone Co	urt
Florida stree	et address (P.O. Box NOT acceptable)
Green Cove Springs,	FL 32043

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

05 JAN 25 PM 3: 25 SECRETANT OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

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

MGRM	Christine S. Eulenfeld
	3607 Maidstone Court
	Green Cove Springs, Florida 32043
MGRM	Lindy E. Eulenfeld
	3607 Maidstone Court
	Green Cove Springs, Florida 32043
MGRM	Aaron C. Eulenfeld
	1680 Charon Road
	Jacksonville, Florida 32205
MGRM	Lee Bryant Eulenfeld
	1680 Charon Road
	Jacksonville, Florida 32205
	n the date of filing: (OPTION ust be specific and cannot be more than five business d

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)

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