L06000105166

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| • |
| (Business Entity Name) |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| 154 114 1011 |
| 1/39 4.1 4/1 |
| Office Use Only |
| and see sin, |
| 1/1/2/0 |
| We the |
| (10) |
| 1, Na |
| \mathcal{V} |
| • |





400079876764

09/18/06--01035--015 **130.00

COVER LETTER

| TO: | Registration So Division of Co | | ** | | | |
|---------|--|---|--|--|--|----------|
| SUBJI | ECT: Brook | | ted Liability Compa | any | • | |
| The en | closed Articles o | f Organization and fee(s) are s | ubmitted for filing. | | | |
| Please | return all corresp | ondence concerning this matte | er to the following: | | | |
| | Brooks S | nyder | | | | |
| | | (| Name of Person) | | | |
| | Brooks S | nyder Golf Limite | d Liability Compa | ny | | |
| | | | Firm/Company) | | | |
| | 1962 Elo | die Ln | | | | |
| | | | (Address) | | 7 00 | 30 |
| | Gulf Bre | eze, Florida 325 | 63 | | ESH ESH ESH ESH ESH ESH ESH ESH ESH ESH | 06 SEP |
| | | (City | /State and Zip Code) | | SS/III | 810 |
| For fur | ther information | concerning this matter, please | call: | | H H A | P |
| | | | | | FLORID. | PM I: I4 |
| Broo | ks Snyder | of Person) | at (765) 427.79 (Area Code & Daytime T | | 京司 | 4 |
| | (, , , , , , , , , , , , , , , , , , , | 011 013011) | (Then come to Daytime 1 | oroprone reamoury | | |
| Enclos | ed is a check fo | 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) | S160.00 Filing Certificate of Stat Certified Copy (additional copy is en | us & | |
| | | 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 32301 | ns Circle | | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2006

BROOKS SNYDER 1962 ELODIE LN GULF BREEZE, FL 32563

SUBJECT: BROOKS SNYDER GOLF LIMITED LIABILITY COMPANY

Ref. Number: W06000041092

We have received your document for BROOKS SNYDER GOLF LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 406A00056054

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the l | Limited Liability Con | npany is: | |
|--|--|---|---------------------------|
| Brooks Snyder | Golf Limited Liabil | lity Company | |
| (Must end with the wor | ds "Limited Liability Compa | any, "Limited Company" or their abbreviation "LLC," | or "L.C.,") |
| ARTICLE II - A The mailing addre | | of the principal office of the Limited Lia | bility Company is: |
| Principal Office | Address: | Mailing Address: | |
| 1962 Elodie Ln | | | |
| Gulf Breeze Florid | a 32563 | | |
| (The Limited Liability business entity with an | Company cannot serve as its nactive Florida registration.) | s of the registered agent are: | on another O6 SEP |
| | -Brooks Snyder G | olf Limited Liability Company | HED HILED |
| | | Name | T1 () |
| | 1962 Elodie Ln | | I: I L STATE LORIDA |
| | Florida | a street address (P.O. Box <u>NOT</u> acceptable) | ₽E F |
| | Gulf Breeze | FL 32563 | |
| | Ci | ity, State, and Zip | |
| Having been na | ned as revistered aver | nt and to accept service of process for the a | bove stated limited |

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 (REQUIRED)

(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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | | |
|--|------------------------------------|----------------|------|
| MGR | Brooks Snyder 1962 Elodie Ln | | |
| | Gulf Breeze FL, 32563 | | |
| | | | |
| | | | |
| | | 6 SEP SECRE | 1 |
| | | TARY OF | HLED |
| | | F STATE | |
| (Use attachment if necessary) | | DE + | |
| | date of filing: September 15, 2006 | | |

ARTICLE V: Effective date, if other than the date of filing: September 15, 2006 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Brooks Snyder

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)