# 

(Re	equestor's Name)	
		•
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
<u> </u>	ocument Number)	•
(OC	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		and
		128
	Office Use Oุกโ	y NO DX



12/07/06--01023--004 \*\*125.00

# **COVER LETTER**

TO:	Registration Se Division of Co					
SUBJI	ECT: Walters	s Golf, LLC				
		(Name of Limite	d Liability Compa	my)		
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing	<b>3</b> .		
Please	return all corresp	ondence concerning this matte	er to the following	:		
	Andrew F.	Lucarelli, Esquire				
		(	Name of Person)			
	Hartman U	nderhill & Brubaker	LLP			
		(	(Firm/Company)			
	221 East (	Chestnut Street				SECT
		W-100	(Address)			HE S
	Lancaster	, PA 17602				SEL OF
		(City	/State and Zip Code	)		150 150 150 150 150 150 150 150 150 150
For fur	ther information	concerning this matter, please	call:			景語
Andr	ew Lucarelli		at (_717)	299-725	4	
<del></del>	(Name	of Person)	(Area Code	& Daytime T	elephone Number)	
Enclos	sed is a check fo	or the following amount:				
<b>✓</b> \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	,	\$160.00 F. Certificate of Certified Cop (additional copy	Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration of Clifton Boundary 2661 Exe	ourier Addression Section of Corporation uilding cutive Center	ns · Circle	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Walters Golf,		pany, "Limited Company" or their abbreviation "LLC	" or "I C ")
(winst ein with th	e words Ellinted Elability Coll	pany, Elimited Company of their aboreviation EEC	, or L.C., )
ARTICLE I			
The mailing a	address and street addres	s of the principal office of the Limited Li	iability Company is:
Principal Of	fice Address:	<b>Mailing Address:</b>	98 D
440 Westminste	r Street	440 Westminster Street	
Orlando, FL 32	803	Orlando, FL 32803	三
			<u> </u>
business entity v	vith an active Florida registration	its own Registered Agent. You must designate an indiv n.)	s Signature:
The name and	the Florida street addre	ess of the registered agent are:	ŕ
The name and		ess of the registered agent are:	ŕ
The name and		Name	ŕ
The name and	Daniel D. Walters 440 Westminster	Name	ŕ
The name and	Daniel D. Walters 440 Westminster	Name Street	·
The name and	Daniel D. Walters  440 Westminster Florid Orlando	Name  Street da street address (P.O. Box <u>NOT</u> acceptable)	·

(CONTINUED) Page 1 of 2

Begistered Agent's Signature (REQUIRED)

### 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	Name and Address:	
"MGRM" = Managing Member N/A	N/A	
(Use attachment if necessary)		OF DEC -7
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s	ate of filing: Upon Filing specific and cannot be more than five l	. (OPTIONATE) business days prior
to or 90 days after the date of filing.)		OHOLE STATE
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.)

Daniel D. Walters

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)