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SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

	Registration Se Division of Co				
SUBJEC*	r: Zephyr	hills Shuffleboard Clul	b, LLC		
		(Name of Limited	d Liability Compa	ny)	
The enclo	sed Articles of	f Organization and fee(s) are su	abmitted for filing	; ,	
Please ret	urn all corresp	ondence concerning this matte	r to the following:	;	
S	piro T. Ko	mninos, Esquire			
			Name of Person)		
K	omninos 8	& Fowkes Law Grou	p, LLC		
		(1	Firm/Company)		
5	225 8th S	Street			
			(Address)		
Z	ephyrhill	s, Florida 33542			
		(City)	State and Zip Code)	
For furthe	r information	concerning this matter, please	call:		
Spiro T	. Komnind	os, Esquire	at (813)	251-344	4
	(Name	of Person)	(Area Code	& Daytime To	elephone Number)
Enclosed	is a check fo	or the following amount:			
\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy)	у	\$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	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation tuilding secutive Center tee. FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Zonburbille Shufflah	cord Club LLC		
Zephyrhills Shuffleb		pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
(, , , , , , , , , , , , , , , , , , , ,	
ARTICLE II - Add			
The mailing address	s and street address	s of the principal office of the Limited Liability Co	mpany is:
Principal Office Address:		Mailing Address:	
Zephyrhills Shuffleboard	d Club, LLC	Zephyrhills Shuffleboard Club, LLC	
5225 North Grandview D		5225 North Grandview Drive	-
			
		Milton, WI 53563 Legistered Office, & Registered Agent's Signatur	
ARTICLE III - Re (The Limited Liability Cor- business entity with an ac The name and the F	mpany cannot serve as its ctive Florida registration. clorida street addres	Milton, WI 53563 Registered Office, & Registered Agent's Signature is own Registered Agent. You must designate an individual or another.) ss of the registered agent are:	DIVISION O7 MAR
ARTICLE III - Re (The Limited Liability Corbusiness entity with an action of the name and the Figure 1).	mpany cannot serve as its ctive Florida registration.	Milton, WI 53563 Legistered Office, & Registered Agent's Signature is own Registered Agent. You must designate an individual or anothely.) Ses of the registered agent are: Esquire	DIVISION OF CO
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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: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Robert A. Perkins 5225 North Grandview Drive Milton, WI 53563 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.)

Robert A. Perkins

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)