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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Putting Green Properties LLC (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:
HER BERT B. GOFMAN & JUDITH S. GOFMAN (Name of Person)
(Firm/Company)
591 Putting Green Lane
Long boat Key FLORIDA 34228  (City/State and Zip Code)
Longboat Key FLORIDA 34228 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Putting Green Prof (Must end with the words "Limited Liability Company, "Limited	PERTIES LLC d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
591 Putting green Loue Longboat Key Fl 34228	591 Putting Green Lone Longboat Ray, Pl 34228
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	
H.B. GOFMAN Name	ASSOCIATES INC REF 2
2055 Wood Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Schapols City, State, a	FL 34237 nd 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..

HERBERT B. Goffman, PRESIDENT

H.B. Goffman, PRESIDENT

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Manage <u>Title:</u> "MGR" = Manager	er or Managing Member is as follows:  Name and Address:
"MGRM" = Managing Member	
MGR	HERBERT B. GOFMAN 591 Putting green Lone
MGR	Longboat Kay, Fl 34228 JUDITH S. GOFMAN
	Longboot Key FL 34228
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date an effective date is listed, the date must be to or 90 days after the date of filing.)	late of filing: (OPTIONAL) TT specific and cannot be more than five business days: prior.
REQUIRED SIGNATURE:	
Herlet Signature of a member	or an authorized depresentative of a member.

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)

(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