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(((H070001675313)))



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To:

Division of Corporations

Fax Number

. (850)205-0383

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.

Account Number : 120000000088 Phone : (800)221-0102 Fax Number : (212)564-6083 07 JUN 27 AM 8: 31

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED
7 JUN 27 AM 11: 22
SECKETASSE FLORIDA

AM GOLF ASSOCIATES, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

RLH

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | |
|---|-----------------------|
| AM GOLF ASSOCIATES, LLC [Must and with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC | ," œ" <u>L</u> C,") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited L. | lability Company is: |
| Principal Office Address: Mailing Address: | |
| 5018 Vine Cliff Way West 5018 Vine Cliff Way West Palm Beach Gardens, Florida 33418 Palm Beach Gardens, Florida | 27410 |
| | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent' (The Limited Liability Company counts surve as its own Registered Agent. You must designate an inchibutainess andly with an active Florida registeration.) | vidual or souther ;; |
| The name and the Florida street address of the registered agent are: | IVE DE CENTRAL PORTUE |
| National Corporate Research, Ltd., Inc. | 元 章 |
| Name | S |
| 515 East Park Avenue Florida street address (P.O. Box NOT accorptable) | |
| Tellehasses pt 32301 | c . (2) |
| City, State, and Zip | 08.4110HS |

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)
Theresa Lennon, Assistant Secretary

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

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| | Title: | Name and Address: |
|---------|--------------------------------------|---|
| | "MGR" = Manager "MGRM" = Managing Me | mper . |
| | MGRM | Michael Bennett |
| | | 5016 Vine Cliff Way West |
| | | Palm Beach Gardens, Florida 33418 |
| | MGRM | Andrew Plummer |
| | | 5016 Vine Cliff Way West |
| | | Palm Beach Gardens, Florida 33418 |
| | | , |
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| | (Use attachment if necessa | יישו |
| | (OSO ESCENDIAME II HOUSE | . · · · · · · · · · · · · · · · · · · · |
| (II an | | her than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior |
| 10 01 2 | o days actor the onto or had | *67 |
| | REQUIRED SIGNATUR | RE: |
| | Sighistor | tivant M. Mare L. C. of a member or an authorized representative of a member. |
| | of this do | dance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury efacts stated herein are true.) |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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Stewart M. McGough, Esq., Authorized Representative
Typed or printed name of signee

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DIVISION OF COMPORATIONS

OF JUN 27 AM 8: 27