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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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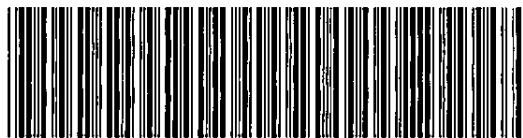
(Business Entity Name)

(Document Number)

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RECEIVED
07 DEC 28 PM 12:43
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TALLAHASSEE, FLORIDA

EFFECTIVE DATE 12/31/07

B. KOHR

DEC 28 2007

EXAMINER

FILED
07 DEC 28 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

EFFECTIVE DATE 12/31/07

ACCOUNT NO. : 072100000032

REFERENCE : 380071 4328337

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 125.00

FILED
07 DEC 28 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 28, 2007

ORDER TIME : 11:48 AM

ORDER NO. : 380071-005

CUSTOMER NO: 4328337

DOMESTIC FILING

NAME: LOGICAL GOLF, LLC

EFFECTIVE DATE:
12/31/07

File 1st

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: _____

EFFECTIVE DATE 12/31/07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOGICAL GOLF, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

27200 Riverview Center Blvd.,
Suite 309
Bonita Springs, FL 34134

Mailing Address:

27200 Riverview Center Blvd.,
Suite 309
Bonita Springs, FL 34134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Cohen & Grigsby, P.C.
Name

27200 Riverview Center Blvd., Suite 309
Florida street address (P.O. Box **NOT** acceptable)

Bonita Springs FL 34134
City, State, and 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.

Cohen & Grigsby P.C.
BY: 
Registered Agent's Signature (REQUIRED)

FILED
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TALLAHASSEE, FLORIDA

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

Name and Address:

MGRM

Juergen F. Mross

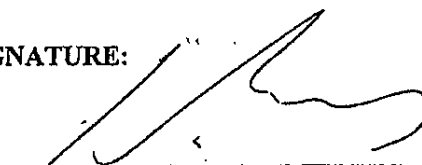
210 Creek Drive

Sewickley, PA 15143

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 31, 2007 (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.)

Juergen F. Mross, Managing Member

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)