Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SHAPIRO & ADAMS, P.A.

Account Number : I19990000101

: (561)691-0059

Phone

Fax Number

: (561)691-0066

ORIDA/FOREIGN LIMITED LIABILITY CO.

Knot Tee Time/RP, LLC

Certificate of Status	0	A. 111
Certified Copy	0	W. CONT
Page Count	03	MAR -4 2000
Estimated Charge	\$125.00	EXA. CUU8

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company Is:

Knot Tee Time/RP, LLC

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

ARTICLE II - Address:

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

Principal Office Address: Mailing Address:

2401 PGA Boulevard, Suite 272

Palm Beach Gardens, FL 33410

Palm Beach Gardens, FL 33440

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 infiliation of another business entity with an active Florida registration.]

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

Robert Lee Shapiro, P.A. _____ 25

2401 PGA Boulevard, Suite 272

Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens 33410

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

(H08000055702 3)

(H080000557023)

P.03/03

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		
MGR	Robert Lee Shapiro	
	2401 PGA Boulevard, Suite 272	
	Palm Beach Gardens, FL 33410	
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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 Lee Shapiro

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)

Page 2 of 2