

LO8000038161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

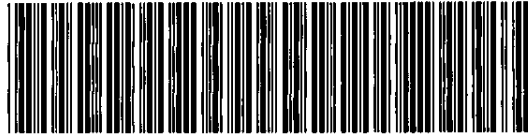
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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RECEIVED

08 APR 16 AM 10:31

DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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08 APR 16 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

APR 16 2008

EXAMINER



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April 16, 2008

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Aquarina Golf Course, LLC

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Filing Evidence**

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**ARTICLES OF ORGANIZATION  
FOR AQUARINA GOLF COURSE, LLC**

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TALLAHASSEE, FLORIDA

**ARTICLE I – NAME**

The name of the Limited Liability Company is AQUARINA GOLF COURSE, LLC

**ARTICLE II – ADDRESS**

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

**Principal Office Address**

421 Sixth Avenue  
Indialantic, FL 32903

**Mailing Address**

421 Sixth Avenue  
Indialantic, FL 32903

**ARTICLE III – REGISTERED AGENT  
REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE**

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

Dan Winkler  
421 Sixth Avenue  
Indialantic, FL 32903

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.

  
Dan Winkler  
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

**ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

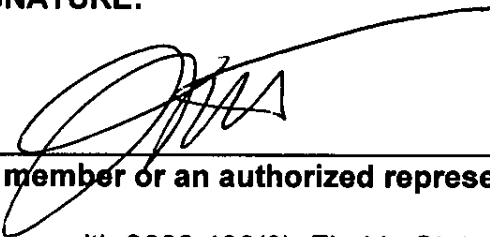
MEMBER

Dan Winkler  
421 Sixth Avenue  
Indialantic, FL 32903

MEMBER

John Corbett  
421 Sixth Avenue  
Indialantic, FL 32903

**REQUIRED SIGNATURE:**



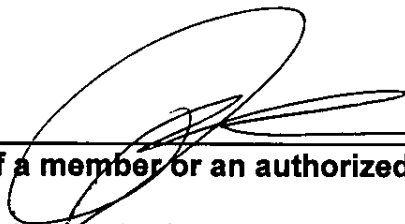
**Signature of a member or an authorized representative of a member**

(In accordance with §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.)

John Corbett

Typed or printed name of signee

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member**

(In accordance with §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.)

Dan Winkler

Typed or printed name of signee