

LO8000106173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

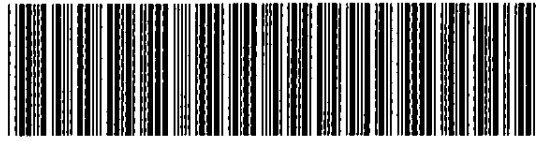
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

EFFECTIVE DATE 11/11/08



900137838589

11/13/08--01043--001 **160.00

FILED
08 NOV 13 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 14 2008

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Trinity Golf Group, 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:

Mailing Address:

3885 Capitol Drive
Palm Harbor, Florida 34685

3885 Capitol Drive
Palm Harbor, Florida 34685

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:

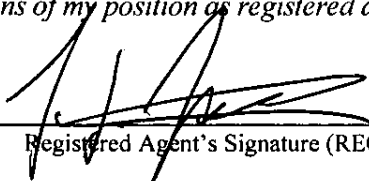
Thomas J. Tripoli
Name

3885 Capitol Drive
Florida street address (P.O. Box **NOT** acceptable)

Palm Harbor, Florida 34685
City, State, and Zip

FILED
08 NOV 13 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

EFFECTIVE DATE 11/11/08

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

Thomas J. Tripoli
3885 Capitol Drive
Palm Harbor, Florida 34685

MGRM

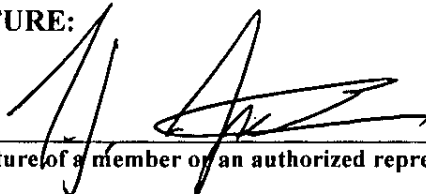
Donna Tripoli
3885 Capitol Drive
Palm Harbor, Florida 34685

(Use attachment if necessary)

November 11, 2008

ARTICLE V: Effective date, if other than the date of filing: October 23, 2008 (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 of 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.)

Thomas J. Tripoli

Typed or printed name of signee

FILED
08 NOV 13 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)