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Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

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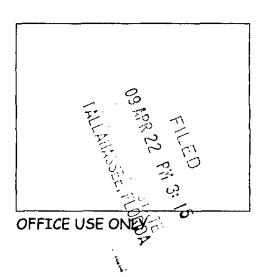
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**EXAMINER** 

09 APR 22 PM 3: 15

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

**ENTITY NAME:** 

THOMAS WALKER GOLF COURSE DESIGN LLC

CK# 3894

AMOUNT \$155.00

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

XXX CERTIFICATE OF STATUS

## Certificate of Conversion For Gother Business Entity" Into Florida Limited Linbility Company



This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  THOMAS E. WALKER GOLF COURSE DESIGN/CONSULTING, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership, sole proprietorship,
general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
On 01/29/1993
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Thomas Walker Golf Course Design LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date:
(The effective date: 1) cannot be prior to nor more than 90 days after the date this
document is filed by the Florida Department of State; AND 2) must be the same as the
effective date listed in the attached Articles of Organization, if an effective date is

Signed this 2200 day of APRIL	20 <b>09</b>
Signature of Member or Authorized Representat	tive of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: Thomas E. Walker	Title: Manager
Signature(s) on behalf of Other Business Entity: [	
Signature: House & Maker  Printed Name: Thomas E. Walker	Tisto, President
Printed Name: Indinas E. Weiner	Title: Pleasent
Signature:	
Signature:Printed Name:	
Signature:Printed Name:	Tiele
ranted Name:	. 1 tue:
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	T'. 1
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation; Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnershin:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership;
All others: Signature of an authorized person.	
<u>Faces:</u>	
Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Ontional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Thomas Walker Golf Course		ال 170
Must end with the words "Limited Liability Compan "LLC.")	ny," the abbreviation "L.L.C.," or the designation	1800 EV
ARTICLE II - Address:	30	
The mailing address and street address	of the principal office of the Limited	
Liability Company is:	`	رن برن
Princinal Office Address:	Mailing Address:	Contract to
37 S.W. RIVERWAY BLVD.	37 S.W. RIVERWAY BLVD.	7
Palm City, FL 34990	Palm City, FL 34990	L

(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:

Mark Brechbill	
	Name
215 South Federa	l Highway, Sulte 100
Florida street addr	ess (P.O. Box NOT acceptable)
Stuart	FL 34994
(	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

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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:	
"MGR" = Manager "MGRM" = Managing Member		
MGR	Thomas E. Walker	
	37 S.W. RIVERWAY BLVD.	
	Palm City, FL 34990	
<del></del>		
	(Use attachment if necessary)	
DESCRIPTOR ENGLISHMENT AND SEASONS COMMENTS	date of flings	
ARTICLE V: Effective date, if other than the	(OPTIONAL)	
The effective date: 1) cannot be prior to a locument is filed by the Florida Department he effective date listed in the attached Clate is listed therein.)	or more than 90 days after the date this nt of State; AND 2) must be the same as	
DECLUDES SCHATUDE.		
REQUIRED SIGNATURE:		
7:00m/ 2/-6	Para da	
Signature of a member or an au	thorized representative of a member.	
of this document constitutes an af	408(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.)	
Thomas E. Walker, MGR		
Typed or prin	ted name of signee	
Filing Fees:		
\$125.00 Filing Fee for Articles o	_	

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)
Page 2 of 2