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LLOYD GRANET, PA

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Division of Corporations

L09000046023

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BETH E. LINZNER, P.A.
Account Number : 120030000140
Phone : (561) 999-9300
Fax Number : (561) 999-9400

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PGA WEST OPS LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

D. BRUCE

MAY 13 2009

EXAMINE

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ARTICLES OF ORGANIZATION
FOR
PGA WEST OPS LLC

ARTICLE I - NAME

The name of the limited liability company is: PGA WEST OPS LLC.

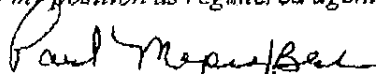
ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the limited liability company is:
1750 N. Mango Road - Suite 105, West Palm Beach, FL 33409.

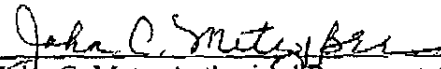
ARTICLE III- REGISTERED AGENT

The name and the Florida street address of the registered agent is Paul Mapes, 1601 Belvedere Road
- Suite 407S, West Palm Beach, FL 33406.

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.



Paul Mapes, Registered Agent



John C. Metz, Authorized Representative

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

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