L09000088908

(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:	
A. LUNT	
SEP 1 5 2009	
EXAMINER	

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2009 SEP | L PM |: 3 SECRETARY OF STATE TALLAHASSEE, FLORI

COVER LETTER	2009 SE SECRI
TO: Registration Section Division of Corporations	P 14 HASSE
SUBJECT: Get Some Golf Outlet Name of Limited Liability Company	HAY OF STATE SSEE. FLORID
The enclosed Articles of Organization and fee(s) are submitted for filing.	₹ *
Please return all correspondence concerning this matter to the following:	
Nathan C. Stephens	
Name of Person	
Firm/Company	
400 Sandal Lane Apt 411 Address	
Panana City Beach, FL 32413 City/State and Zip Code NCStephens 08@ yahoo.com E-mail address: (to be used for future annual report notification)	
VCStephens () & @ Vahoo com	
E-mail address: (to be used for future annual report notification)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please call:	
Name of Person at (321) 289-117 Name of Person Area Code & Daytime Telephone Nur	8 nber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certified Copy Certified Copy is enclosed)	O Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	IS:
	olf Outlet, LLC
(Must end with the words "Limited Li	ability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
400 Sardal Lane Apt 411 Panana City Beach, FL 324	same as beside
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of th	
Nathan C.	Stephens 57 7
Nai	
400 Sandal L	one Apt 411 P.O. Box NOT acceptable) RE 27413
Florida street address (P	P.O. Box NOT acceptable)
Parama Lity Beach	2, FL JO-(1)
City. State	e, 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

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

u C. Stephe

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

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)