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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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Effective Date 09/01/10

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

AUG 3 1 2010

EXAMINER

COVER LETTER

| TO: | Registration S Division of Co | | | |
|------------------|----------------------------------|---|---|--|
| SUBJE | ct: <u> </u> | Name of Limited | TANATE GOLF (Liability Company | CONCESSIONS LLC |
| The enc | losed Articles o | f Organization and fee(s) are su | bmitted for filing. | · |
| Please r | _ | ondence concerning this matter | | |
| - | PEX | IER JANISSON | lame of Person | |
| - | | | | CONCESSIONS LLC |
| - | 216 | 4 Musyogée | TAHL L | |
| _ | Nok | umis F | 1 34275 State and Zip Code | |
| _ | ! | E-mail address: (to be used for | State and Zip Code Oh Com future annual report notification) | |
| For furt | her information | concerning this matter, please of | | |
| 6 | FOER T | TANSSOM of Person | at (941) | phone Number |
| Enclose | ed is a check fo | r the following amount: | | |
| U \$125.0 | 00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C | |

Tallahassee, FL 32301

Effective Date 09/01/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|---|
| SUNRISK SUNSET MANA (Must end with the words "Limited Liability) | TEE GOLF GONCESSIONS LLC ty Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| NOKUMIS FL 34275 | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another |
| The name and the Florida street address of the re | <u> </u> |
| 7164 Musica G Florida street addi | ress (P.O. Box NOT acceptable) |
| Noko M1 9 City, Stat | FL 34375 te, 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

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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

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _ (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 or 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.)

Typed or printed name of signee

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)