

**LD000095042**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

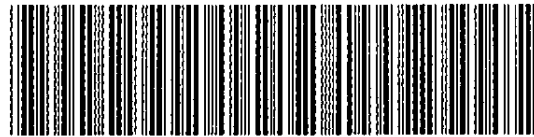
Special Instructions to Filing Officer:

**WD-41055**

Office Use Only

EFFECTIVE DATE

**9/7/10**



**100183902361**

09/13/10--01001--013 \*\*125.00

**FILED**  
**10 SEP -9 PM 4:24**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

SEP 10 2010

**EXAMINER**

**NO \$**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2010

PATRICK C SIMPSON-JONES  
155 OCEAN LANE DR #136  
KEY BISCAVNE, FL 33149

SUBJECT: HOLE-IN-ONE LLC  
Ref. Number: W10000041055

FILED  
10 SEP -9 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for HOLE-IN-ONE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 30, 2010. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 510A00020820

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HOLE-IN-ONE LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICK C SIMPSON-TOWES  
Name of Person

HOLE-IN-ONE LLC  
Firm/Company

155 OCEAN LANE DR # 13C  
Address

KEY BISCAYNE FL 33149  
City/State and Zip Code

SPEAKERIN@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK SIMPSON-TOWES 561 716 7747  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 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 Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

HOLE-IN-ONE 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:

155 OCEAN LANE DRIVE #1130  
KEY BISCAYNE  
FL 33149

SAME

### 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:

PATRICK C. SIMPSON-JONES  
Name

155 OCEAN LANE DR #1000  
Florida street address (P.O. Box **NOT** acceptable)

KEY BISCAYNE FL 33149  
City, State, and Zip

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10 SEP -9 PM 4:26  
CLERK 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..*

C Simpson-Jones  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 9/7/10

**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:**

MGR

Patrick C. SIMPSON-JONES  
155 OCEAN LANE DR  
KEY BISCAYNE FL 33149

MGRM

FRANCOISE VEYRAT D'URBET  
155 OCEAN LANE DR  
KEY BISCAYNE FL 33149

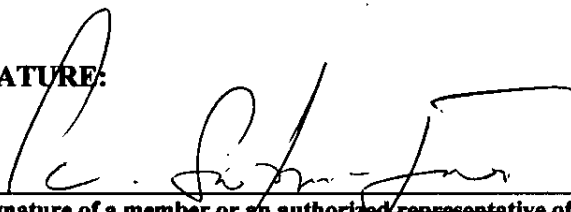
MGRM

DAWN SIMPSON-JONES  
155 OCEAN LANE DR  
KEY BISCAYNE FL 33149

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 09 / 07 / 2010 (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 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.)

PATRICK C. SIMPSON-JONES  
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)

**FILED**  
10 SEP -9 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA