

L10000107504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

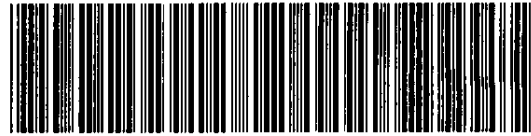
(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 14 2010
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



George W. Tetler III
Direct telephone: (508) 926-3437
Direct facsimile: (508) 929-3052
Email: gtetler@bowditch.com

October 7, 2010

VIA CERTIFIED MAIL No.: 7003 0500 0005 1060 9275

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

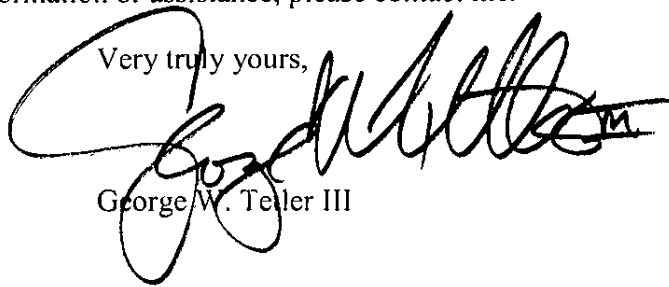
Re: *Creation of gotta-b-golf, LLC*

Dear Sir or Madam:

Our firm represents the above named entity in connection with their corporate matters. I enclose for filing Articles of Organization for gotta-b-golf, LLC, and ask that you please accept the enclosed documents as a filing required for the creation of a limited liability company pursuant to Section 608.407, Florida Statutes. Additionally, I enclose a check in the amount of \$130.00 for the required Filing Fee & Certificate Status for Articles of Organization and Designation of Registered Agent.

Should you require additional information or assistance, please contact me.

Very truly yours,



George W. Tetler III

GWT/DAK
Enclosures
cc: Peter D. Frey

SCHEIDT & STEIN, 508928 0001 COUR 0 3 0058 1000 11



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: gotta-b-golf, 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:

George W. Tetler III, Esquire

Name of Person

Bowditch & Dewey, LLP

Firm/Company

311 Main Street, P.O. Box 15156

Address

Worcester, MA 01615-0156

City/State and Zip Code

gtetler@bowditch.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George W. Tetler III, Esquire

Name of Person

at (508) 508-926-3437

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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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

gotta-b-golf, 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:

7556 Berkshire Pines Drive
Naples, FL 34104

Mailing Address:

7556 Berkshire Pines Drive
Naples, FL 34104

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:

Peter D. Frey

Name

7556 Berkshire Pines Drive

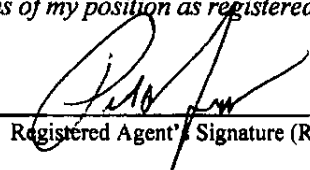
Florida street address (P.O. Box **NOT** acceptable)

Naples

FL 34104

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 Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Peter D. Frey

7556 Berkshire Pines Drive

Naples, FL 34104

MGAM

Caroline E. Fontaine

322 Denrison Lane

Southbridge, MA 01550

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Caroline E. Fontaine

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Caroline E. Fontaine

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)