

L 12000026120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

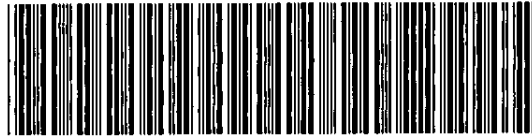
Special Instructions to Filing Officer:

Office Use Only

**B. KOHR**

FEB 23 2012

**EXAMINER**



600221956346

02/23/12--01024--003 \*\*130.00

RECEIVED  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
301 LAUDER ST. FLORIDA

12 FEB 23 PM 12:33

RECEIVED

EFFECTIVE DATE 2/22/2012

12 FEB 23 PM 12:50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROFESSIONA GOLF CARTS LLC  
Name of Limited Liability Company

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 FEB 23 PM 12:50 Z

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

Please return all correspondence concerning this matter to the following:

EFFECTIVE DATE 2/22/2012

MIKE BLANKENSHIP  
Name of Person

PROFESSIONA GOLF CARTS LLC  
Firm/Company

11962 CR 101 Ste. 302-184  
Address

The Villages, FL 32162  
City/State and Zip Code

mike-enship@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Blankenship at (770) 401-0239  
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

FEI# 45-4605646

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

EFFECTIVE DATE 2/22/2012

**Professional Golf Carts LLC**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED STATE  
SECRETARY OF CORPORATION  
DIVISION OF CORPORATION  
12 FEB 23 PM 12:50

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

11962 CR 101  
suite 302-184  
The Villages, FL 32162

**Mailing Address:**

11962 CR 101  
suite 302-184  
The Villages, FL 32162

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

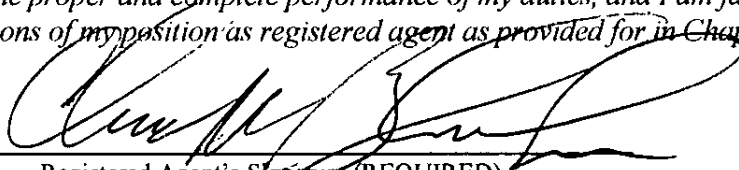
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Charles M Blankenship, Sr.  
Name

8614 Milford Ct.  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32312  
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:**

MGRM

Mike Blankenship

11962 CR 101, suite 302-184

The Villages, FL 32162

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

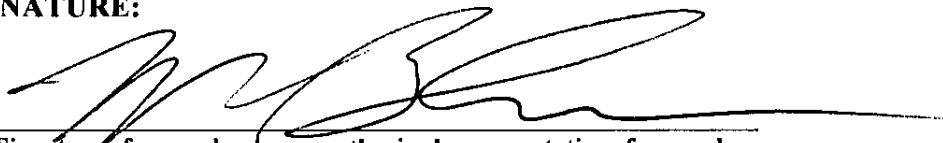
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/22/2012 (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. 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.)

**Mike Blankenship**

\_\_\_\_\_  
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)**