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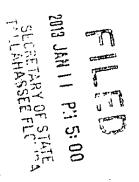
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EFFECTIVE DATE 0/07/13

COVER LETTER

ŤO:	Registration S Division of Co			
SUBJE	CCT:	14GOLF ACA	oem \(\) ed Liability Company	··-
The end	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this matt	er to the following:	
	PRAT	HER CRISP	Name of Person	
	14 60	LE ACADEMY		
•		-	Firm/Company	,
	723	I TALL DA	K CT	
		•		2013 JAN I I PH
	SA	RASOTA, FL.	34232 y/State and Zip Code	LAH SSE
		Ci	y/State and Zip Code	T SSI
-	PRAT	F-mail address: (to be used	For future annual report notification)	ना यह विकास के जाता है। जाता यह
For fur		concerning this matter, please		5: 00 STATE LC 75
Pre	ATHER	CRISP	at (904) 556- Area Code & Daytime Telepl	1986
	Name	of Person	Area Code & Daytime Telepi	none Number
Enclos	sed is a check f	or the following amount:		
4 \$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	Certificate of Status &
		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 Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Most 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:
2231 TALL DAK CT 2231 TALL DAK CT SARASOTA, FL. 34232 SARASOTA, FL. 34232
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: Agolf CO
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..

(CONTINUED)

Page 1 of 2

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 Me	ember
MGRM	PRATHER CEISP
	ZZ31 TALL OAK CT SARASOTA, FL. 34232
MGRM	
Melco	BILL TAWNEY 5006 28 CT E. BEADENTON, FL. 34203
	BRADENTON, FL. 34203
,	
(Use attachment if necessa	nry)
ARTICLE V: Effective date, if ot	her than the date of filing: JAN 7, 2013. (OPTIONAL)
If an effective date is listed, the prior to or 90 days after the date	e date must be specific and cannot be more than five business days of filing.)
of the or you days after the date	20 20 20 20 20 20 20 20 20 20 20 20 20 2
REQUIRED SIGNATUR	RE: 1
	2 ASS
	e of a member or an authorized representative of a member.
J	The state of the s
I am aware that ar	th section 608.408(3), Florida Statutes, the execution of this document rmation under the penalties of perjury that the facts stated herein are true by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
	PRATHER CRISP Typed or printed name of signee
	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)