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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

N. Culligan OCT - 8 2013

(850) 245-6051.

TO: Registration S  Division of Co			
SUBJECT:	JOH BUD		
	Name of Limite	ed Liability Company	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	condence concerning this matte	er to the following:	
	JOHATHAN P BU	DDENHAGEN Name of Person	
	•		
	JOH BUDD GOL	F UC	·
	<del></del>	Firm/Company	
	3600 Goodet	TE ROAD NORTH	
		Address	
	NADLES, FL	34103 y/State and Zip Code	
-			
	JON, BUDDE	OUEINTHEWALLGOLF . (or future annual report notification)	DRG
			<i>3</i>
For further information	concerning this matter, please	call:	
JONATHAN P	BUDDENHAGEN of Person	at ( 239 ) 24/- Area Code & Daytime Tele	0756 phone Number
Enclosed is a check t	or 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 Adduses	Stroot/Courier Address	

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## Street/Courier Add Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassée, FL 32301



September 24, 2013

JONATHAN P BUDDENGHAGEN 3600 GOODLETTE ROAD NORTH NAPLES, FL 34103

SUBJECT: JON BUDD GOLF LLC Ref. Number: W13000053116

We have received your document for JON BUDD GOLF LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You did not list a title for Ryan W. Buddenhagen.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 813A00022439

## **ARTICLE I - Name:** The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 3600 GOODLETTE ROAD HORTH 34102 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: JOHATHAN P BUDDENHAGEN Name Florida street address (P.O. Box NOT acceptable) 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..

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(CONTINUED)

OUIRED)

Page 1 of 2

Registered Agent's Signature (RE

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Mana, "MGRM" = Ma		Name and Address:		•	
MGRM		JONATHAN P BUDDENMAGEN  3400 GOONETTE ROM HOOTH  NAPUES FL 3463			
MGRM	- <del></del>	RYAN W BUDDENHAGEN 624 GRANT AVEC COLLINGSWOOD, NJ 08107			
	<del></del>				
	<u> </u>				
(Use attachment ARTICLE V: Effective (If an effective date is prior to or 90 days after	date, if other than the dat listed, the date must be	te of filing: (0	OPTIONAL) ve business	days	
<u>REQUIRED</u> SI		2 BM_	SECRETAR TALL'AHASS	2013 OCT -	FILE
consti I am a	cordance with section 608.408 tutes an affirmation under the aware that any false information tutes a third degree felony as	an authorized representative of a member.  8(3), Florida Statutes, the execution of this document is penalties of perjury that the facts stated herein a consubmitted in a document to the Department of provided for in s.817.155, F.S.)	ire true. 🚟 🛶	8 M IC 13	E D
	JONATHAN P F.	30 DO RWHAGRA 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)