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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOLF TECHNOLOGY GROUP 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:

MICHAEL JON COHEN

Name of Person

GOLF TECHNOLOGY GROUP, LLC

Firm/Company

933 Laneduter Drive

Address

Orlando, FL 32806

City/State and Zip Code

MICHAELJONCOHEN @ gmail.com

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

For further information concerning this matter, please call:

MICHAEL JON COHEN at ( 407 ) 341-9777

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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 9, 2015

MICHAEL JON COHEN  
933 LANCASTER DRIVE  
ORLANDO, FL 32806

SUBJECT: GOLF TECHNOLOGY GROUP LLC  
Ref. Number: W15000079436

We have received your document for GOLF TECHNOLOGY GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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) 245-6052.

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 015A00025800

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INNOVATIONS MMC  
GOLF TECHNOLOGY GROUP 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:

MICHAEL JON COHEN  
Name of Person  
GOLF TECHNOLOGY GROUP, LLC INNOVATIONS MMC  
Firm/Company  
933 Lancaster Drive  
Address  
Orlando, FL 32806  
City/State and Zip Code  
MICHAELJONCOHEN @ gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL JON COHEN at ( 407 ) 341-9777  
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**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INNOVATIONS  
GOLF TECHNOLOGY GROUP 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:

933 LANCASTER DR.  
Orlando, FL 32806

Mailing Address:

933 LANCASTER DRIVE  
Orlando, FL 32806

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:

MICHAEL JON COHEN  
Name  
933 LANCASTER DR.  
Florida street address (P.O. Box **NOT** acceptable)  
Orlando FL 32806  
City State 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 605, F.S..

Michael Jon Cohen  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 DEC 17 AM 8:20

**The name and address of each person authorized to manage and control the Limited Liability Company:**

**"MGR" = Manager**

**Name and Address:**

MG-R

MICHAEL TON COHEN  
933 LANCASTER DR  
Orlando, FL 32806

AMBR

ROGER BRANHAM  
2130 18 1/2 ST.  
RICE LAKE, WI 54868

AMBR

DON ANDERSON  
9062 Regatta Dr  
Huntington Beach, CA 92646

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/27/15. (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI: Other provisions, if any.**

**REQUIRED SIGNATURE:**

Michael Jon Coke

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

MICHAEL JON COHEN

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)**