

L16000166246

(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

W160058036

SEP. 09 2015

T. SCOTT



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08/15/16--01035--026 **125.00

10 AUG 31 AM 11:00





FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2016

MARC CERIO
26945 BELLA VISTA DRIVE
HOWEY-IN-THE-HILLS, FL 34737

SUBJECT: PROFESSIONAL GOLF MANAGEMENT INSTITUTE, LLC
Ref. Number: W16000058036

We have received your document for PROFESSIONAL GOLF MANAGEMENT INSTITUTE, 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):

Registered agent and member must sign.,

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.

Tyrone Scott
Regulatory Specialist II

Letter Number: 916A00017744

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Professional Golf Management Institute, 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:

Marc Cerio

Name of Person

Professional Golf Management Institute

Firm/Company

26945 Bella Vista Drive

Address

Howey-in-the-Hills, Florida 34737

City/State and Zip Code

marccerio@gmail.com

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

For further information concerning this matter, please call:

Marc Cerio at (301) 509-3136
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:

Professional Golf Management Institute, 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:

Mailing Address:

26945 Bella Vista Dr.
Suite #4
Howev-in-the-Hills, Florida. 34737

26945 Bella Vista Dr.
Suite #4
Howev-in-the-Hills, Florida 34737

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:

Marc Cerio
Name

13154 Sunkiss Loop
Florida street address (P.O. Box **NOT** acceptable)

Windermere Florida 34786
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 AUG 31 AM 11:00
STATE OF FLORIDA
DEPARTMENT OF REVENUE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR _____

Tom Jackson _____

54 Camino Real _____

Howey-in-the-Hills, Florida 34737 _____

MGR _____

Marc Cerio _____

13154 Sunkiss Loop _____

Windermere, Florida 34786 _____

(Use attachment if necessary)

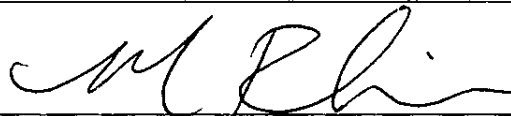
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

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:



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.

Marc Cerio _____

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)