Ll6000 194668

(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



500290659225

16 OCT 24 AN 10: 41

16 CT 26 THE 60

C. GOLDEN 0CT 2 4 2016 Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 342726 7692200 COST LIMIT : ORDER DATE: October 24, 2016 ORDER TIME : 10:05 AM ORDER NO. : 342726-005 CUSTOMER NO: 7692200 DOMESTIC FILING NAME: REGAL GOLF CARS, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

__ CERTIFIED COPY
__ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

1201 Hays Street

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Regal Colf Cars, 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:
Gil Neuman Name of Person
Name of Person
Regal Golf Cars, LLC Firm/Company
· · ·
14600 Biseayne Boulevard Address
N. Miami Beach, FL. 33181 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gil Neuman at (305) 919-9400 Cxf-306 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status S155.00 Filing Fee & Certificate of Status Certificate of Status (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 Clifton Building Ze61 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

FILED

The name of the Limited Liability Company is:	16	^ 7	24.	Fil 12:	li G
Regal Golf Cars, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	, ,	0.11	,	1:1:44.1	- , ↓
(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	<u>s</u> :				
14600 Biscayne Bovlevark SAME as Pris N. Miami Beach, A. Address 33181	ccip	<u></u>			
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 indivanother business entity with an active Florida registration.)	idual c	or			
The name and the Florida street address of the registered agent are:					
Orly Alexander Name 14600 Biscayne Boulevard Florida street address (P.O. Box MOT acceptable)					
Name					
14600 Biscayne Boulevard	u .				
Florida street address (P.O. Box NOT acceptable)					
N. Mjami Beach, FL 33181 City State Zip					
City State Zip					
laving been named as registered agent and to accept service of process for the above stated limited liability lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the proper and complete performance of the proper and accept the obligations of my position as registered agent as provided for in Chapter 60 By: Registered Agent's Signature (REQUIRED) (CONTINUED)	his cap of my d	pacity. uties, d	I		
Poss Lof?					

Title: "AMBR" = Authorized Member	Name and Address:
MGR" = Manager	Gil Neuman
HIMPAJANAS	N. MAMI Beach R 33181
AMBR/MER	JACOB AKSelman
AMBR/MER AMBR/MER	N. M. Hom. Heach, FL. 33181
AMBR/MGR	Amir Aksolmen 14600 Biscayne Boylerard
	N. Miami Black, A. 33181
· · · · · · · · · · · · · · · · · · ·	
[]ca ottochment if necessory)	
CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) the date inserted in this block does not metern's effective date on the Department of	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not
CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) the date inserted in this block does not metern's effective date on the Department of	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not
CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) the date inserted in this block does not metern's effective date on the Department of	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not
CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) the date inserted in this block does not meant's effective date on the Department of CVI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not
CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of CVI: Other provisions, if any. REOUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date will not f State's records.
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) the date inserted in this block does not menert's effective date on the Department of EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a meneral is execute I am aware that any false.	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) The date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a ment of the document is executed I am aware that any false constitutes a third degree	eet the applicable statutory filing requirements, this date will not f State's records. The property of a member
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) the date inserted in this block does not menert's effective date on the Department of EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a meneral meneral and aware that any false constitutes a third degree	eet the applicable statutory filing requirements, this date will not f State's records. The or an authorized representative of a member of in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:
ctive date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a men This document is execute I am aware that any false constitutes a third degree	eet the applicable statutory filing requirements, this date will not f State's records. The or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee

ARTICLE IV-

Page 2 of 2