

L18 000001713

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000001885 3)))



H180000018853ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : THERREL BAISDEN, LLP
Account Number : I20140000065
Phone : (305)371-5758
Fax Number : (305)371-3178

SECRETARY OF STATE
TALLAHASSEE FLORIDA
18 JAN -3 AM 10:15
FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MHasner@Therrelbaisden.com

FLORIDA LIMITED LIABILITY CO.

Sorkin's Palmetto Golf Club, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2018 JAN -3



January 3, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THERREL BAISDEN, LLP

SUBJECT: SORKIN'S PALMETTO GOLF CLUB, LLC
REF: W1800000289

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Terri J Schroeder
Regulatory Specialist III
New Filings

FAX Aud. #: H18000001885
Letter Number: 018A00000074

H18000001885 3

FILED
18 JAN -3 AM 10:15
SECRETARY OF STATE
ALLAHUSSEIN EL-DONIA

**ARTICLES OF ORGANIZATION
FOR
Sorkin's Palmetto Golf Club, LLC**

**ARTICLE I
Name**

The name of the Limited Liability Company is Sorkin's Palmetto Golf Club, LLC.

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Larry Sorkin 1981 J.N. Pease Pl, Suite 101 Charlotte, NC 28262.

**ARTICLE III
Duration**

This limited liability company shall have a perpetual existence.

**ARTICLE IV
Registered Agent**

The street address of the initial registered office of the Limited Liability Company shall be Mark M. Hasner, P.A., SunTrust International Center, One S.E. 3rd Avenue, Suite 2950, Miami, Florida 33131 and the name of the initial registered agent of the Limited Liability Company at that address is Mark M. Hasner, Esq.

**ARTICLE V
Manager-Managed Company**

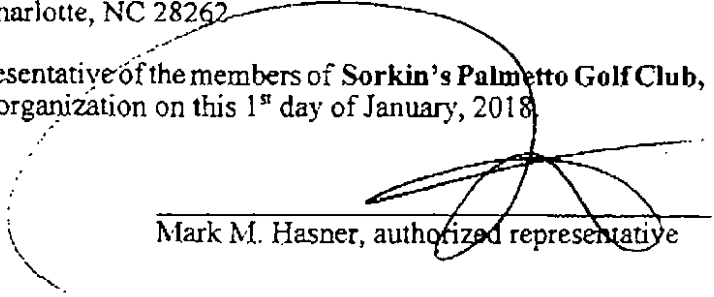
The Limited Liability Company is to be managed by one or more managers and is therefore a manager-managed company.

**ARTICLE VI
Manager**

The name and address of the Manager is as follows:

Manager: Larry Sorkin
1981 J.N. Pease Pl, Suite 101
Charlotte, NC 28262

The undersigned authorized representative of the members of Sorkin's Palmetto Golf Club, LLC hereby executes these articles of organization on this 1st day of January, 2018.


Mark M. Hasner, authorized representative

H18000001885 3

H18000001885 2

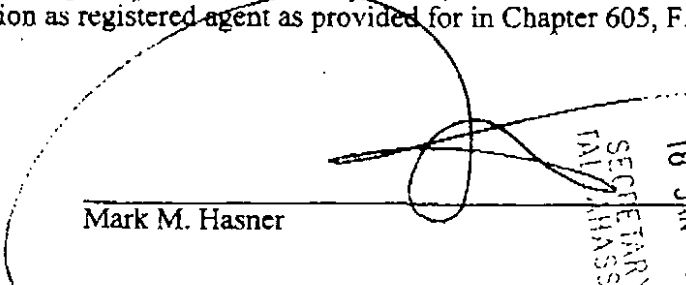
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATED A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is Sorkin's Palmetto Golf Club, LLC.
2. The name and the Florida street address of the registered agent and office are:

Mark M. Hasner, Esquire
 Mark M. Hasner, P.A.
 Sun Trust International Center
 One S.E. 3rd Avenue
 Suite 2950
 Miami, FL 33131

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.



 Mark M. Hasner

FILED
 18 JAN -3 AM 10:15
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

H18mm1885 3