

L18000234737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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OCT 08 2018

SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 OCT -5 AM 7:09  
TALLAHASSEE, FLORIDA

**BRETT L. SWIGERT, P.A.**

ATTORNEY AT LAW  
POST OFFICE BOX 680  
EUSTIS, FLORIDA 32727-0680

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10935 SE 177<sup>TH</sup> PLACE, SUITE 205  
SUMMERFIELD, FLORIDA 34491  
TEL: (352) 347-0033

1231 N. COUNTY ROAD 452  
EUSTIS, FLORIDA 32726  
TEL: (352) 357-0770  
FAX: (352) 357-0818

October 3, 2018

Department of State  
Division of Corporations  
Attn: New Filings Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Papa G's Golf Cart Rentals, LLC

To whom it concerns:

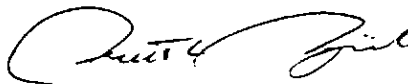
I have enclosed the following documents for the organization of Papa G's Golf Cart Rentals, LLC:

1. Articles of Organization for Florida Limited Liability Company, along with one copy of same;
2. My firm's check in the amount of \$125.00 for the Florida Department of State's filing fee.

**PLEASE NOTE THE EFFECTIVE DATE FOR THIS FILING IS JANUARY 1, 2019.**

Thank you for your assistance with this matter.

Yours very truly,



Brett L. Swigert

BLS/ar

Enclosures

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**  
**OF**  
**PAPA G'S GOLF CART RENTALS, LLC**

**ARTICLE I - NAME**

The name of the corporation is: Papa G's Golf Cart Rentals, LLC.

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principle Office Address:

Mailing Address:

670 Camino Del Rey Dr.  
The Villages, FL 32159

670 Camino Del Rey Dr.  
The Villages, FL 32159

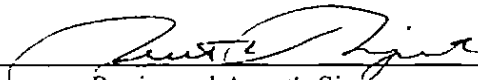
**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE,  
& REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Brett L. Swigert  
1231 N. County Road 452  
Eustis, FL 32726

SECRETARY OF STATE  
DIVISION OF CORPORATION  
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TALLAHASSEE, FLORIDA

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

**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:**

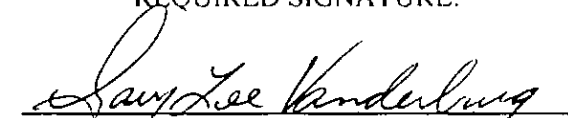
MGR

Gary Lee Vanderburg  
670 Camino Del Rey Dr.  
The Villages, FL 32159

## ARTICLE V

Effective date, if other than the date of filing 01/01/2019 . (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.

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.

Gary Lee Vanderburg

Typed or printed name of signee

STATE OF FLORIDA  
DIVISION OF CORPORATION  
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