

7/27/2021

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

\*\*\* RESUBMIT \*\*\*

**ENTITY NOT ON RECORD.**

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

**PLEASE FILE WITH  
ORIGINAL SUBMISSION  
DATE OF 7/27/2021.  
THANK YOU!**

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

Email Address: CBOURQUE@CANAMGOLF.COM

**FLORIDA LIMITED LIABILITY CO.  
HAPPY GOLF, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**HAPPY GOLF, 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:**5212 NW 66TH AVE  
LAUDERHILL, FL 333195212 NW 66TH AVE  
LAUDERHILL, FL 33319**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:

CHARLES BOURQUE

Name

5212 NW 66TH AVEFlorida street address (P.O. Box **NOT** acceptable)LAUDERHILL


City

FL 33319

Zip

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STATE OF FLORIDA  
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 (REQUIRED)**CHARLES BOURQUE**

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

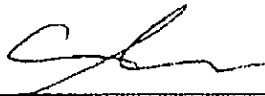
"MGR" = Manager

AMBR**Name and Address:**CHARLES BOURQUE5212 NW 66TH AVELAUDERHILL, FL 33319AMBRHENDEL DUPLESSY3599 SAINT-AMBROISEMONTREAL, QC H4C 3P2, CANADAAMBRCARL DUMAS3188 DES GOLFEURS #403SAGUENAY, QC G7H 0S3, CANADAAMBRPOLO MARTIN1167 ANITALAVAL, QC H7X 3Z4, CANADA

(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.)

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

Signature of a member or an authorized representative of a member  
 (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

CHARLES BOURQUE

Typed or printed name of signee

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 2021 JUL 27 PM 12:43  
 CLERK OF THE  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

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