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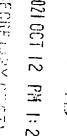
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## COVER LETTER

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	w Filing Section ision of Corporations					
SUBJECT:	16300 Golf Club LLC					
	Na	me of Limited	Liability	Company		
The enclosed	d Articles of Organization and	l fee(s) are sul	bmitted fo	r tiling.		
	i all correspondence concerni					
5	Steven J Minessale					
,		N.	ame of Pe	erson		<del></del>
-			irm/Com	pany		T
ي .	4901 SW 192nd Ter					
-			Addres	<u> </u>		
S	Southwest Ranches FL 3333	2				
-		City's	State and .	Zip Code		······································
<u> </u>	miness@gmail.com E-mail address: (t	a be used for:	tigure and	nal report notificat		<del></del>
or firether in f	ormation concerning this mat				· · · · <b>,</b>	
				9.47 <b>0</b> 90 4		
- S	teven J Minessale	at (	)	79451-07594		
	Name of Person	Area C	Tode	Daytime Telephon	e Number	
Enclosed is a	check for the following amo	unt:				
■\$125,00 F	iling Fee U\$130.00 Filing Certificate of \$	Status	Certified	00 Filing Fee & Copy copy is enclosed)	□\$160,00 Filin Certificate of St Certified Copy (additional copy is	atus &
	Mailing Address New Filing Section			reet Address ew Filing Section Di	vision	
	Division of Corporations P.O. Box 6327			ie Centre of Tallaha 15 N. Montoe Stre	issee	

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u> 16300 Golf Club</u>	h LLC			
(Must	contain the words "Limited Liab	ility Company, "L.L.C." or "LLC.")		
ARTICLE II - Address: The mailing address and str	eet address of the principal office	of the Limited Liability Company is:		
<u>Pri</u> .	ncipal Office Address:	Mailing Address:		
4901 SW 192nd	Ter	4901 SW 192nd Ter		
Southwest Ranch	hes, FL 33332	Southwest Ranches, FL 33332		
RTICLE III - Registered	l Agent, Registered Office, & R	egistered Agent's Signature:		
The Limited Liability Composite business entity with	pany cannot serve as its own Reg (an active Florida registration.) reet address of the registered age	istered Agent. You must designate an individual o		
The Limited Liability Composite business entity with	pany cannot serve as its own Reg (an active Florida registration.) reet address of the registered age Steven J Minessale	istered Agent. You must designate an individual on the are:		
The Limited Liability Composite business entity with	pany cannot serve as its own Reg (an active Florida registration.) reet address of the registered age Steven J Minessale	istered Agent. You must designate an individual o		
The Limited Liability Composite business entity with	pany cannot serve as its own Reg (an active Florida registration.) reet address of the registered age Steven J Minessale	istered Agent. You must designate an individual on the are:		
The Limited Liability Composite business entity with	pany cannot serve as its own Reg (an active Florida registration.) reet address of the registered age <u>Steven J Minessale</u> Na	istered Agent. You must designate an individual on tare:		

Having been named as registered agent and to accept service of process for the above stated limited hability 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 diates, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

State

City

Registered Agent's Signature (REQUIRE)

Zip

(CONTINUED)

## ARTICLE IV-

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

Title:	Same and Address:
"AMBR" = Authorized Member	
"MGR" - Manager	
AMBR	Steven J Minessale as Trustee of the Steven J Minessale Revocable Trust U/A dated 02/19/2014
	4901 SW 192nd Ter, Southwest Ranches, FL 33332
AMBR	James M Minessale
	4901 SW 192nd Ter. Southwest Ranches, FL 33332
	<del></del>
	5 22
	75C 221
<del></del>	
	July 1000
(Use attachment if necessary)	
•	M-01-00
ARTICLE V: Effective date, if other than the	date of filing: 01-01-22 (OPTIONAL)
	oe 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:
the document's effective date on the Departi	
the document serietive date on the iseparo	ich of vale s records.
ARTICLE VI: Other provisions, if any,	
<u> </u>	
REQUIRED SIGNATURE:	
Q	+ $0$ $-1$ $0$ $0$
	lever y //inesent
	a member or of authorized representative of a member. secuted in accordance with section 605,0203 (4) (b), Florida Statutes.
	false information submitted in a document to the Department of State
	egree felony as provided for in 8.817.155, F.S.
S 180	roe da
Steven J Mir	tessame Typed or printed name of signee

 $\frac{Filing\ Fees;}{S125.00\ Filing\ Fee\ for\ Articles\ of\ Organization\ and\ Designation\ of\ Registered\ Agent}$ 

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)