

L96000001209

CAPITAL CONNECTION, INC.

417 B. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

RE: The State of Florida L.C.

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

	O.C. FEE.	DISBURSED
Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File <u>Organ</u>		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
<input checked="" type="checkbox"/> Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U B.	800002012898-1 -11/22/96-01099-020	
Facilities Name File	*****70.00	*****70.00
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service	800002012898-1 -11/22/96-01099-021	
Document Filing	****215.00	****215.00
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, _____ Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX () pgs.		

96 NOV 19 AM 11:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

DIVISION OF CORPORATIONS
 96 NOV 12 AM 8:53
 RECEIVED

~~WALK-IN~~

~~WALK-IN~~ TAB 11/19

REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 TIME _____ CK No. _____
 BY WALK _____

WALK-IN Will Pick Up WALK

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 12, 1996

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE, FL 32301

SUBJECT: THE SWING MAKER, L.C.
Ref. Number: W96000023877

We have received your document for **THE SWING MAKER, L.C.** and check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The corporate name must be identical throughout the document.

The articles of organization must be prepared in compliance with section 608.407, Florida Statutes. Please refer to this section of the law.

Please return the enclosed check for \$285.00 or a newly issued check with your corrected document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6926.

Teresa Brown
Corporate Specialist

Letter Number: 396A0005153

DIVISION OF CORPORATIONS

96 NOV 19 AM 9 50

RECEIVED

Corrected

**TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY**

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: THE SWING MAKER, L.C.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy of the articles of organization and a check for :

\$285.00
Filing Fee
& Registered
Agent designation

\$293.75
Filing Fee,
Registered Agent
Designation &
Certificate

\$337.50
Filing Fee,
Registered Agent
Designation &
Certified Copy

\$346.25
Filing Fee,
Registered Agent
Designation,
Certified Copy &
Certificate

FROM: Robert E. Kusch
Name (Printed or typed)

4625 North ALA, Suite 4
Address

Vero Beach, Florida 32963
City, State & Zip

561-231-5566
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF ORGANIZATION FOR
THE SWING MAKER, L.C.**

FILED
96 NOV 19 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Limited Liability Company is The Swing Maker, L.C.

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company are 4625 North AlA, Suite 4, Vero Beach, Florida 32963.

ARTICLE III

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

The Limited Liability Company is to be managed by a member, and the name and address of the managing member are Robert E. Kusch, 4625 North AlA, Suite 4, Vero Beach, Florida 32963.

The undersigned incorporator has executed these Articles of Incorporation this 19th day of November, 1996.


Robert E. Kusch

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of **The Swing Maker, L.C.** deposes and says:

- 1) The above named limited liability company has at least two members.
- 2) The total amount of cash contributed by the members is \$100.00
- 3) If any, the agreed value of property other than cash contributed by member is \$500,000.00
A description of the property is:
A golf swing training machine and muscle exerciser the subject of U. S. Patent # 5,050,885
- 4) The amount of cash or property anticipated to be contributed by members is \$100.00
- 5) The total amount of 2,3, and 4 is \$500,100.00



Signature of a member

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
96 NOV 19 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **The Swing Maker, L.C.**
2. The name and address of the registered agent and office are **Robert E. Kusch, 4625 North Ala, Suite 4, Vero Beach, Florida 32963.**

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.



Robert E. Kusch

Date: 11-18-96