

# 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

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 \$ \_\_\_\_\_

RE: The Shining Water L.S.

	O.C. FEE.	DISBURSED
Capital Express™		
Art. of Inc. File <u>Organ</u>		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
<u>79</u> Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U B.		
Fictitious Name File		
Name Reservation		
Annual Report/Renewal		
Reg. Agent Service		
Document Filing		
Corporate KH		
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.		

## SUBTOTALS

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

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

WALK-IN Will Pick Up 11/19 12/19



**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 18th 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**