

L98000000451

KEITH HAMILTON SURE PUTT L.C.
 Requestor's Name
 6866 GLASGOW DR
 Address
 TALLAHASSEE, FL 32312
 City/State/Zip Phone #
 509-5427

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SURE PUTT L.C.
 (Corporation Name) (Document #)
2. (Corporation Name) (Document #) 000002482860--0
 -04/08/98--01085--001
3. (Corporation Name) (Document #) *****285.00 *****285.00
4. (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
Name	Other 4/8/98
Availability	acc
OTHER FILINGS	
Document	
Examiner	DCC
Annual Report	
Updates	DCC
Fictitious Name	
Name Reservation	
Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 98 APR - 8 PM 1:50

Same as
 CR2E031(1/95)
 T98000000343

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SURE PUTT, L.C.

ARTICLE II - Address:

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

515 JOHN KNOX
TALLAHASSEE, FL 32302

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

3 yrs

ARTICLE IV - Management:

(check and complete the appropriate statement)

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

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- ☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

KEN BUTLER
172 PEPPERDINE DR
PALM CITY, FL 34990

KETIA HAMILTON
6366 GLASSBORO DRIVE
TALLAHASSEE, FL 32312

JOHN SAMARTINE
1809 SW SEA HOLLYWAY
PALM CITY, FL 34990

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of SURE PUTT, 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 member(s) is

\$ 1000

3) if any, the agreed value of property other than cash contributed by member(s) is \$ 2000
A description of the property is attached and made a part hereto.


4) the amount of cash or property anticipated to be contributed by member(s) is

\$ 1

5) the total amounts of 2, 3 and 4 is

\$ 3000

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Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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

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: SOPE PUTT, L.C.

2. The name and address of the registered agent and office is:

Keith Hamilton
515 JOHN KNOX
(NAME)

(P. O. Box NOT ACCEPTABLE)

TALLAHASSEE, FL 32303
(CITY/STATE/ZIP)

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.


(SIGNATURE)

4-8-98
(DATE)

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Filing Fee: \$ 35 for Designation of Registered Agent