# 

W.P. Verifier

CR2E031 (1-89)

| CT Corporation Sys  | tem  |               |                                       | *                |
|---|--|---------------|---------------------------------------|------------------|
| Requestor's Name<br>660 East <b>J</b> efferson                  | Street                                       |               |                                       |                  |
| Address<br>Tallahassee, FL 32                                   | 310 222-1092                                 | ar ar         | nnnpea:                               | 31388            |
| City State Zip  | Phone  |               |                                       | -01005029        |
| CORPOR  | ATION(S) NAME                                |               |                                       |                  |
|   |  |               |                                       |                  |
|   |  |               |                                       |                  |
| Stonlybrook   | GOIE Marc                                    | gement.       | U                                     |                  |
| J   |  | 8 ,           |                                       |                  |
| ( ) Drofit  | _  | ·             |                                       |                  |
| ( ) Profit<br>( ) NonProfit                                     | () Amendm                                    | ent           | () Merger                             |                  |
| () Foreign  | () Dissolution                               | on/Withdrawai | Limited I                             | iability Company |
| () Limited Partnership<br>() Reinstatement<br>()Fictitious Name | () Annual R<br>()Name Regi<br>()UCC-1 Fir    | -             | () Other<br>() Change ont() UCC-3 Fil | fR.A.2           |
| () Certified Copy   | () Photo Co                                  | ppies         | () CUS                                |                  |
| ( ) Call When Ready<br>﴿ ) Walk In<br>( ) Mail Out              | ॐ Call if Pro<br>() Will Wait                | blem          | () After 4:30<br>(X) Pick Up          | 3 3 3            |
| Name Availability  Document Examiner                            | Please Return Extra<br>File Stamped.<br>Than | Copies        | 11/20                                 | DIVISION OF U    |
| Updater   |  | · ·- ·- ·     | -                                     | TARE CO          |
| Verifier Acknowledgment   | Hope   |               |                                       | PH REPURA        |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

STONEYBROOK GOLF MANAGEMENT, LLC

### **ARTICLE II - Address:**

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

1800 West Loop South, Suite 1900 Houston, Texas 77027

## **ARTICLE III - Duration:**

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

# ARTICLE IV - Management: (Check the appropriate box and complete the statement)

**Q** 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:

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:

U.S. HOME CORPORATION 1800 West Loop South, Suite 1900 Houston, Texas 77027

# **ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions admissions shall be:

Not applicable

# ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Not Applicable

# ARTICLE VII - Affidavit of Membership and Contributions

| The undersigned member or authorized representative of a member of  | STONEYBROOK GOL               | F                                |
|---|-------------------------------|----------------------------------|
| MANAGEMENT, LLC   | _ certifies:                  |                                  |
| <ol> <li>the above named limited liability company has at least one member;</li> <li>the total amount of cash contributed by the member(s) is</li> <li>if any, the agreed value of property other than cash contributed by mem</li> </ol>                           | \$ 2,000.<br>ber(s) is \$ N/A | .00 ;                            |
| <ul><li>(A description of the property is attached and made a part hereto.); and</li><li>4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is</li></ul>   | \$ <u>2,000</u> .             | .00                              |
| Ham Latarel   |                               | SECIRETAR<br>DIVISION OF 3       |
| Signature of a member or an authorized representative of a member or an authorized representative of (In accordance with section 608.408(3), Florida Statutes, the exe affidavit constitutes an affirmation under the penalties of perjury stated herein are true.) | ecution of this               | CHED STATE CHEPORATIONS  PN 1:56 |

Filing Fee: \$250.00 for Articles and Affidavit

Typed or printed name of signee

Gary L. Frueh, Senior Vice President-Tax and Audit of U.S. Home Corporation

# 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: STONEYBROOK GOLF MANAGEMENT, LLC |
|----|--|
| 2. | The name and address of the registered agent and office is:                    |
|    | C T CORPORATION SYSTEM (Name)  |
|    | c/o C T CORPORATION, 1200 South Pine Island Road, (P.O. Box not acceptable)    |
|    | Plantation, Florida 33324 (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.

C T CORPORATION SYSTEM

11-19-98

(Signature)

Victor Alfano, Asst. Secy.

FILING FEE: \$ 35 for Designation of Registered Agent

98 NOV 20 PM 1: 56