

L99000008807

Oded Weizmann

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FILED
99 DEC 13 PM 5:00
STANDARD TIME
HALLANDALE, FL

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-06/07/99--01158--010

*****43.75 *****43.75

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*****250.00 *****250.00

L99-8807

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Acknowledgment	<i>[Signature]</i>
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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 10, 1999

ODED WEIZMANN
1890 SOUTH OCEAN DRIVE, PH 5
HALLANDALE, FL 33009

SUBJECT: GOLF WISH.COM, LLC
Ref. Number: W99000010883

FILED
99 DEC 13 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL 32399

We have received your document for GOLF WISH.COM, LLC and check(s) totaling \$250.00 of which \$250.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$35.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Section 608.407(1)(e), Florida Statutes, requires the articles of organization to set forth the right, if given, of the members to admit additional members and the terms and conditions of the admissions. Reference to the operating agreement/regulations is not sufficient.

The document must contain the names and street addresses of the members or managers of the limited liability company.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The fees for a limited liability company breakdown as follows: \$250 filing fee, \$35 for designation of registered agent, \$52.50 for an optional certified copy, and \$8.75 for an optional certificate of status.

On the affidavit all the blanks must be filled in if the amount is zero then zero must be listed in the blanks.,

If you have any questions concerning the filing of your document, please call

(850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 199A00025479

FILED

20 DEC 13 PM 5:00

199A00025479



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 17, 1999

ODED WEIZMANN
1890 SOUTH OCEAN DRIVE, PH 5
HALLANDALE, FL 33009

SUBJECT: GOLF WISH.COM, LLC
Ref. Number: W99000010883

We have received your document for GOLF WISH.COM, LLC and your check(s) totaling \$293.75. However, the document has not been filed and is being retained in this office for the following:

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 999A00032530

FILED

DEC 13 PM 5:00

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GOLF WISH.COM, LLC

ARTICLE II - Address:

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

1890 South Ocean Dr. PHS
HALLANDALE, FL 33009**ARTICLE III - Duration:**

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

On going

* Perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the 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:

Raymond Francis Dacek III
15113 Grey Pebble Dr
Germantown MD, 20874ODED WEIZMANN
1890 S. Ocean Dr. PHS
HALLANDALE FL, 33009

- ☒ 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:

Raymond Francis Dacek III

Oded Weizmann
1890 S. Ocean Dr. PHS
HALLANDALE FL, 33009**ARTICLE V - Admission of Additional Members:**

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

Determined

* By Consent of existing Members

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SECRETARY OF STATE
FLORIDA

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: Permitted


Signature of a member or an authorized representative of a member.

(In accordance with section 608.405(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Oded Weizmann
Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

FILED
DEC 13 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Att: Tammi Cline

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is: Golfwish. Com, LLC

2. The name and the Florida street address of the registered agent are:

Oded Weizmann
NAME

1890 South Ocean Dr. PHS
Florida street address (P. O. Box NOT ACCEPTABLE)

HALLANDALE FL 33009
CITY, STATE AND 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.

Oded Weizmann
SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent