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SECRETARY OF STATE

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#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: CM at Turnberry Isle, LLC (Name of Limite	ed Liability Company)			
	lity Company for Authorization to Transact Business in mitted to register the above referenced foreign limited			
Please return all correspondence concerning this mate	ter to the following:			
Michael A. Granuzzo				
(Name	e of Person)			
Caddie Master Enterprises, In	O7 JAN SECRE IAILLAH			
(Firm	/Company)			
PO Box 160	SECRETASY OF STATE Address)			
Pinehurst, NC 28370	and Zip Code)			
(0.03)	, F			
For further information concerning this matter, please	e call:			
Michael A. Granuzzo	at ( 910 ) 255-0220			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:  \$\Bigsize \frac{1}{2}\$125.00 \text{ Filing Fee} \Bigsize \frac{1}{2}\$160.00 \text{ Filing Fee, Certificate} \text{Certificate of Status} \text{Certified Copy} \text{of Status & Certified Copy}				



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 28, 2006

MICHAEL A. GRANUZZO PO BOX 160 PINEHURST, NC 28370

SUBJECT: CM AT TURNBERRY ISLE, LLC

Ref. Number: W06000055412

We have received your document for CM AT TURNBERRY ISLE, LLC and your check(s) totaling \$160.00. However, the document has not been filed and being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 006A00072851

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CM at Turnberi		Liebilia Company			_
2. Delaware (Jurisdiction under the	(Name of Foreign Limited	3. 20-8086759	nber, if applicable)		_
company is organized 4. 12/1/2006 (Date of	•	5. perpetual (Duration: Year limite	ed liability company v	vill cease	to
6. 12/15/2006	(Date first transacted business in F	exist or "perpetual")	n.)	SECR TALLA	07 JAN
7. Mailing Addre	(See sections 608.501 & 608.502 F.Sess: PO Box 160 Pinehurs		inty)	ETARY C	<u>~</u>
Physical Addr	ess: 200 Westgate Drive, S	Suite B Pinehurst, I s of Principal Office)	NC 28374	F SIATE	PH 12: 39
8. If limited liability	company is a manager-managed	d company, check here	<b>✓</b>	مسلد	<u>u</u>
9. The name and us	ual business addresses of the man	naging members or mar	nagers are as follo	ws:	
Caddie Maste	r Enterprises, Inc.				
PO Box 160					
Pinehurst, N	C 28370				<del>_</del>
the jurisdiction under the	al certificate of existence, no more than 90 law of which it is organized. (A photocop te under oath of the translator must be sub	py is not acceptable. If the cer			
11. Nature of busine	ess or purposes to be conducted of	or promoted in Florida:	Golf Caddie S	ervices	<del></del>
	Michael a. 4	ranged			<u> </u>
	Signature of a member or an at (In accordance with section 608.408(3), an affirmation under the penalties of per	F.S., the execution of this docu	ment constitutes		

Typed or printed name of signee

Michael A. Granuzzo

### 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:	
CM at Turnberry Isle, LLC	

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

Daniel Costello		
	(Name)	
	•	07. SEI
19999 West Country Club Drive		AF COR
Florida Street Address (P.O. Box NOT ACCEPTABLE)		TARY ASSE
Aventura	<sub>FL</sub> 33180	PHIL OF S
	City/State/Zip	IZ: 3 STATE ORID

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 as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CM AT TURNBERRY ISLE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF DECEMBER, A.D. 2006.



Harriet Smith Hindson
Harriet Smith Windson Secretary of State

AUTHENTICATION: 5267358

DATE: 12-11-06

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