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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Monument Golf Mana	gement, LLC		
	me of Limited Liability Company)		
	Limited Liability Company for Authorization to Transact I heck are submitted to register the above referenced foreign Florida		
Please return all correspondence concern	ning this matter to the following:		
Howard J. Ross, Esq.			
	(Name of Person)		
Shulman, Rogers, Gar	ndal, Pordy & Ecker, P.A.		
	(Firm/Company)		
11921 Rockville Pike,	Third Floor		
	(Address)		
Rockville, Maryland 2			
	(City/State and Zip Code)	200	
For further information concerning this i	natter, please call:	2007 OCT 24 PH 12: 2:	COLUMN TO SERVICE SERV
Howard J. Ross, Esq.	at (301 ) 255-0536	24 P	
(Name of Person)	(Area Code & Daytime Telephone Number	r) 🚉	
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	2: 27	
Enclosed is a check for the following am  □ \$125.00 Filing Fee □ \$130.00 Fi C			ору

#### 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:

	Monument Golf Management, LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
CO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Distriction of the include "Limited Liability" (L.L.C.," "LLC.")	written ity
2.	Virginia 3.	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	June 27, 2002 5. Perpetual	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	September 21, 2007	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	6420 Grovedale Drive	
	Alexandria, VA 22310	
	(Street Address of Principal Office)	
	If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows:	***************************************
9.	The name and usual business addresses of the managing members or managers are as follows:	- Contraction
	William L. Collins, IV, c/o National Capital Golf, LLC	2
	6420 Grovedale Drive	
	Alexandria, Virginia 22310	
ťж	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receptable is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receptable in the certificate is in a foreign language, a instation of the certificate under oath of the translator must be submitted.)	ords in
11	. Nature of business or purposes to be conducted or promoted in Florida: Management of	
	golf courses.	
	William I at the	
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	

William L. Collins, IV, Manager

Typed or printed name of signee

### REGISTERED AGENT/REGISTERED OFFICE

CERTIFICATE OF DESIGNATION OF

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:

	olf Manageme		be used in the state of Florida is:	<del></del>
2. The name ar	nd the Florida stre	et address	of the registered agent and office are:	
	CT Corporation	on System	n	
			(Name)	, <b>s</b>
	1200 South Pine Island Road		SECF	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		£ ET	
	Plantation		FI. 33324	ARY SSEE
			City/State/Zip	
liability compan agent and agree relating to the pi	v at the place design to act in this capa coper and complet oposition as regis	gnated in ti city. I furt e performa	to accept service of process for the above sto his certificate, I hereby accept the appointm her agree to comply with the provisions of a nice of my duties, and I am familiar with and t as provided for in Chapter 608, Florida Sta	ent as reģistered ill statutes d accept the
<b>Mark</b> Brinkman e President and Assistant	Secretary	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	

# Common brealth of Hirginia



## State Corporation Commission

#### I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to Monument Golf Management, LLC, a limited liability company formed under the laws of VIRGINIA, effective as of June 27, 2002.

As of the date below, articles of cancellation have not been filed in this office by Monument Golf Management, LLC, a Virginia limited liability company.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: October 9, 2007

Joel H. Peck, Clerk of the Commission