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ULCI LIARY OF STATE
AND AMASSEE, FLORIDA

T. HAMPTON

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EXAMINER

COVER LETTER

SUBJE	SOUTHEASTERN GOLF MANAGEMENT, LLC
	Name of Limited Liability Company
Existence	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please n	turn all correspondence concerning this matter to the following:
	Judy Matthews-Gray
	Name of Person
	Firm/Company
	4000 Clint Manna Dood, Suite #440
	1000 Clint Moore Road, Suite #110
	Boca Raton, FL 33487
	City/State and Zip Code
	jmatthewsgray@gokenco.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Ludiu Mattheway Cross 561 007 5760
	Judy Matthews-Gray at (561) 997-5760 Name of Person Area Code & Daytime Telephone Number
	, , ,
	MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
	Registration Section Registration Section
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclose	ed is a check for the following amount:
	\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy

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 LIARITATY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO INJUNESS IN THE STATE OF PLONIDA:
1. SOUTHEASTERN GOLF MANAGEMENT, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45-3541294 (FEI number, if applicable)
4. October 5, 2011 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1000 Clint Moore Road, Suite 110
Boca Raton, FL 33487 (Street Address of Principal Office)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1000 Clint Moore Road, Suite 110 Boca Raton, FL 33487 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows Kenneth M. Endelson
1000 Clint Moore Road, Suite 110
Boca Raton, FL 33487
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Golfcourse
+ Mith. Endl
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Kenneth M. Endelson

Typed or printed name of signee

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.

	e Limited Liability Con STERN GOLF M	npany is: ANAGEMENT, LLC	
If unavailable, the	alternate to be used in	the state of Florida is:	
2. The name and	the Florida street addres	s of the registered agent and office are:	
K	enneth M. Endelson		
_		(Name)	
10	000 Clint Moore Ro	oad, Suite 110	
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	
Е	oca Raton	_{FL} 33487	
		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 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 '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SOUTHEASTERN GOLF MANAGEMENT, 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 FIFTH DAY OF OCTOBER, A.D. 2011.

5047229 8300

111071629

Jeffrey W. Bullock, Secretary of State

DATE: 10-05-11

at corp.delaware.gov/authver.shtml