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SMITH LAW FIRM, LLC

ATTORNEYS AND COUNSELORS AT LAW

B. LARRY SMITH, P.A.
"SNUFFY"
B. SHANNON SMITH, P.A.
"SHANNON"
B. CALEB SMITH, P.A.
"CALEB"

322 EAST PARK AVENUE
CHIEFLAND, FLORIDA 32626

OFFICE (352) 490-5353
FACSIMILE (352) 490-5337

March 11, 2025

Priority Mail

New Filing Section
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee FL 32314

Re: Emmitt's River Retreat, LLC

To Florida Department of State:

Regarding the above matter, find enclosed the following:

1. Cover Letter to New Filing Section.

2. Original, completed, and executed Articles of Organization for Florida Limited Liability Company.

3. Smith Law Firm Check No. 7734 in the amount of $130.00 payable to Department of State to cover the Filing Fee and Certificate of Status.

Upon receipt, form the LLC and forward the Certificate of Status to address listed on the cover letter in the return envelope provided. If there are any questions regarding the above, please feel free to contact our office.

Sincerely,

B. SHANNON SMITH
BSS/dmi
Encs.

"Standing With You Through The Generations"

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: Emmitt's River Retreat, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benjamin S. Smith
Name of Person

Smith Law Firm, LLC
Firm/Company

322 East Park Avenue
Address

Chiefland, FL 32626
City/State and Zip Code

brookip@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Smith at (352) 490-5353
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee

☒ $130.00 Filing Fee & Certificate of Status

☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Emmitt's River Retreat, LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
1525 NW 25th Avenue Chiefland, FL 32626	Same as Principal

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Sabrina P. Brookins
Name

1525 NW 25th Avenue
Florida street address (P.O. Box **NOT** acceptable)

Chiefland FL 32626
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 605, F.S..

Sabrina Paige Brookins
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
AMBR	Sabrina P. Brookins 1525 NW 25th Avenue Chiefland, FL 32626
AMBR	Kolbi C. Brookins 12351 NW 50th Avenue Chiefland, FL 32626
AMBR	Colton B. Brookins 9605 NW 120th Street Chiefland, FL 32626

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

_____
_____
_____

REQUIRED SIGNATURE:

Sabrina P. Brookins

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Sabrina P. Brookins
Typed or printed name of signee

Filing Fees:
$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)