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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

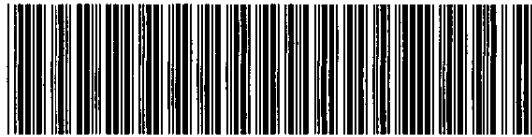
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV 13 PM 12:16

T. Hampton NOV 14 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Long Reach Properties, 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:

Shannon Smith
(Name of Person)

Smith Law Firm, LLC
(Firm/Company)

322 East Park Avenue
(Address)

Chiefland, FL 32626
(City/State and Zip Code)

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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SMITH LAW FIRM, LLC

530 - 49TH STREET SOUTH
ST. PETERSBURG, FLORIDA 33707

(727) 322-9395
(352) 490-5337 (FAX)

B. LARRY SMITH, P.A.

"SNUFFY"

B. SHANNON SMITH, P.A.

"SHANNON"

REPLY TO MAIN OFFICE:

322 EAST PARK AVENUE
CHIEFLAND, FLORIDA 32626

(352) 490-5353
(352) 490-5337 (FAX)

November 9, 2007

Florida Department of State
Registration Section
Division of Corporations
POB 6327
Tallahassee FL 32314

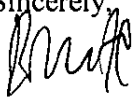
RE: Long Reach Properties, LLC

To Whom It May Concern:

Please find enclosed my office check numbered 1615 in the amount of \$130.00 and the original Cover Letter and Articles of Incorporation for filing in the above matter. Please forward the Certificate of Status to my office at 322 East Park Avenue, Chiefland FL, in the enclosed self addressed, stamped envelope.

In the meantime, I thank you for your time and consideration.

Sincerely,



B. SHANNON SMITH
BSS/cms
enc

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Long Reach Properties, LLC

(Must end with 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:

8551 NW Hwy 345
Chiefland, FL 32644

Mailing Address:

P.O. Box 291
Chiefland, FL 32644

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:

Smith Law Firm, LLC

Name

322 East Park Avenue

Florida street address (P.O. Box NOT acceptable)

Chiefland FL 32626

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 as provided for in Chapter 608, F.S.

Brit

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jack C. Mann

(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.)

REQUIRED SIGNATURE:

Jack C Mann
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jack C. Mann
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)