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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

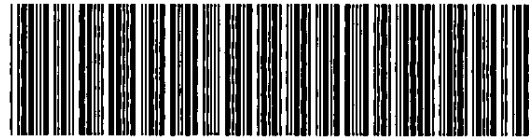
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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"

322 EAST PARK AVENUE
CHIEFLAND, FLORIDA 32626

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

August 21, 2014

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32314

Via Federal Express

RE: Twin Creek Lodge, LLC

To Whom It May Concern:

Please find enclosed my check numbered 3842 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. LARRY SMITH
BLS/cms
enc

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Twin Creek Lodge, 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 L. SMITH
Name of Person

Firm/Company

322 EAST PARK AV.
Address

Chief Land FL 32626
City/State and Zip Code

smithlawservice@smithlawfirm.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Twin Creek Lodge, 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:

322 E. Park Avenue
Chiefland FL 32626

Mailing Address:

Same

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:

BENJAMIN L. SMITH

Name

322 E. Park Avenue
Chiefland FL 32626

Flo

City

Zip

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TALLAHASSEE, FLORIDA

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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.

Benjamin L. Smith

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

MGR

MGR

Name and Address:

BENJAMIN L. SMITH
322 E. Park Avenue
Chiefland FL 32626

CHRISTINE M. SMITH
322 E. Park Avenue
Chiefland FL 32626

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 21, 2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Benjamin L. Smith

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, 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.)

BENJAMIN L. SMITH

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)