

D. 4. 2 4C 2 2PM is are Quinn Candler & Casal. 09 Page 1 of 1
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

EFFECTIVE DATE
12-1-14

From: Account Name : O'HAIRE, QUINN, CANDLER, & CASALINE CHARTERED
Account Number : 073077002560
Phone : (772)231-6900
Fax Number : (772)231-9729

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: pramos@oqc-law.com

FLORIDA LIMITED LIABILITY CO.
River Ranch Retreat, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

RECEIVED
14 DEC -4 AM 10:00
DIVISION OF CORPORATIONS
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14 DEC -4 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

EFFECTIVE DATE

12-1-14

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RIVER RANCH RETREAT, 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:

Mailing Address:

6420 53rd Street
Vero Beach, FL 32967

6420 53rd Street
Vero Beach, FL 32967

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.)

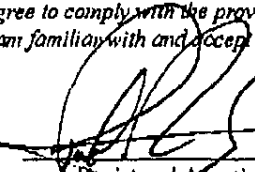
The name and the Florida street address of the registered agent are:

Paul R. Amos
Name

3111 Cardinal Drive
Florida street address (P.O. Box NOT acceptable)

Vero Beach FL 32983
City 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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

Barbara J. Lewis

6420 53rd Street

Vero Beach, FL 32967

AMBR

Thomas W. Lewis

6420 53rd Street

Vero Beach, FL 32967

AMBR

Kevin Bailey

7055 53rd Street

Vero Beach, FL 32967

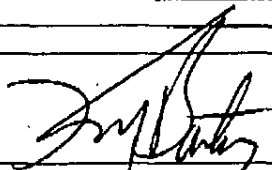
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 1, 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:



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.)

Kevin Bailey

Typed or printed name of signer

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)

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