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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH P.A

Account Number : 076077001702 : (407)841-1200 Phone Fax Number : (407)423-1831

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

JOHN@SMOAKGROVES.COM Email Address:

> FLORIDA LIMITED LIABILITY CO. SMOAK LAND Q, LLC

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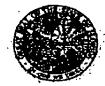
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September 17, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DEAN MEAD ECERTON BLOODWORTH

SUBJECT: SMOAK LAND CO, LLC

REF: W19000084041

We have received your document for SMOAK LAND CO, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and in being returned for the following correction(s):

The name of the entity cannot include "co." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II FAX Aud. #: H19000273314 Letter Number: 719A00019158

- CORRECTION ATTACHED PLEASE KEEP ORIGINAL FILING DATE

2019 SEP 17 PM 2:1 SECRETARY OF JAMANASSET, FIRM

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ARTICLES OF ORGANIZATION

OF

SMOAK LAND, LLC

The undersigned, acting as authorized representative of this limited liability company pursuant to Chapter 605 of the Florida Statutes, hereby forms a limited liability company under the laws of the State of Florida and adopts the following Articles of Organization for such limited liability company:

ARTICLE I - NAME OF COMPANY

The name of the limited liability company is SMOAK LAND, LLC (the "Company"),

ARTICLE IL - PRINCIPAL OFFICE

The street address, and the mailing address, of the principal office of the Company is 1025 County Road 17 N. Lake Placid, Florida 33852.

ARTICLE III - REGISTERED AGENT AND REGISTERED OFFICE

The street address of the initial registered office of the Company in the State of Florida is 1025 County Road 17 N, Lake Placid, Florida 33852. The name of the registered agent of the Company at that address is John F, Smoak, III.

ARTICLE IV - MANAGEMENT

The Company is to be a manager-managed company. The name and address of the initial manager of the Company is: Edward L. Smoak, Jr., PO Box 182, College Grove, TN 37046.

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ARTICLE V - EFFECTIVE DATE

The effective date of these Articles of Organization, and the beginning of the existence of the Company, shall be the date of filing of these Articles of Organization with the Florida Department of State.

The undersigned authorized member-representative has made; and subscribed these Articles of Organization this 25 day of 5000, 2019.

Under penalties of perfury; I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Edward L. Smoak, H., authorized atember representative

STATEMENT OF ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in the foregoing Articles of Organization. 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. Fla. Stat.

John F. Smoak III

Date: 9 25 .2019