

To: 1806176381 From: 2147128131 Date: 06/17/21 Time: 7:27 PM Page: 01/03
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Florida Department of State
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 Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.
 Account Number : I20180000011
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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
 FIRST RESORT, LLC**

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 Help JUN 18 2021

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

2021 JUN 17 AM 9:16
SECURITY STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

FIRST RESORT, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

10215 COUNTY LINE ROAD
SPRING HILL, FLORIDA 34608

ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

DEBRA RICKLE
10215 COUNTY LINE ROAD
SPRING HILL, FLORIDA 34608

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, FLORIDA STATUTES.

DATED: 6/15/21

x Debra Rickle
DEBRA RICKLE

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((H21000239507 3))

ARTICLE IV - MANAGEMENT AND MEMBERS

THE NAME AND ADDRESS OF EACH MANAGER, MANAGING MEMBER, OR MEMBER IS AS FOLLOWS:

MANAGER/MEMBER: DEBRA RICKLE
10215 COUNTY LINE ROAD
SPRING HILL, FLORIDA 34608

DATED: 6/15/21

x Debra Rickle
DEBRA RICKLE

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

7:11 PM
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