

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L21000380780
FILED 8:00 AM
August 25, 2021
Sec. Of State
amcarranza**

Article I

The name of the Limited Liability Company is:
SPORTSMAN'S ISLAND ADVENTURES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5621 SOUTH OAK POINT
HOMOSASSA, FL. US 34448

The mailing address of the Limited Liability Company is:
P. O. BOX 489
HOMOSASSA, FL. US 34487

Article III

The name and Florida street address of the registered agent is:
PAMELA PHELPS
5621 SOUTH OAK POINT
HOMOSASSA, FL. 34448

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.

Registered Agent Signature: PAMELA PHELPS

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
OLIVER H KELLEY
P. O. BOX 489
HOMOSASSA, FL. 34487 US

Title: AMBR
RUTH KELLEY
P. O. BOX 489
HOMOSASSA, FL. 34487 US

Title: MGR
JESSE HUTCHINSON
P. O. BOX 489
HOMOSASSA, FL. 34487 US

Title: MGR
PAMELA PHELPS
P. O. BOX 489
HOMOSASSA, FL. 34487 US

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Signature of member or an authorized representative

Electronic Signature: PAMELA PHELPS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.