Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GREENE HAMRICK SCHERMER & JOHNSON, P.A.

Account Number : I19990000030 Phone : (941)747-1871 : (941)745-2866 Fax Number

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

khorvath@manateelegal.com Email Address:_

FLORIDA LIMITED LIABILITY CO.

River District Cottage, LLC

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Estimated Charge	\$160.00

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Corporate Filing Menu

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November 18, 2022

FLORIDA DEPARTMENT OF STATE

GREENE HAMRICK SCHERMER & JOHNSON, P.A.

SUBJECT: RIVER DISTRICT COTTAGE, LLC

REF: W22000144535

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires the principal office address to be a street address.

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.

Genesis R Kersey OPS Clerk

FAX Aud. #: H22000392365 Letter Number: 122A00025780

(H22000392365 3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RIVER DISTRICT COTTAGE, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

101 Pine Avenue Anna Maria, Florida 34216

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robert F. Greene, Esq. 410 43rd Street W, Suite N Bradenton, Florida 34209

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 property 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.

Signature

ARTICLE IV - Management:

The name and address of each person/entity authorized to manage and control the limited liability company:

Title: Name and Address:

MGR Christina Chiles
P. O. Box 1478
Anna Maria, Florida 34216

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

Robert F. Greene
Typed or printed name of signee