

L23000045495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

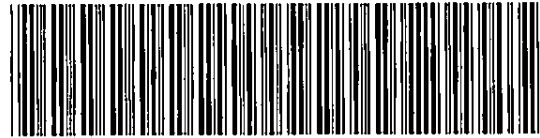
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000400517080

FILED

23 JAN 31 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/31/23--01002--125.00

RECEIVED

2023 JAN 31 PM 2:32

DIRECTOR'S OFFICE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations  
Our River Retreat LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Meagan Austin

\_\_\_\_\_  
Name of Person  
Beverage Law Institute Inc  
\_\_\_\_\_  
Firm/Company  
PO Box 13678  
\_\_\_\_\_  
Address  
Tallahassee, FL 32317  
\_\_\_\_\_  
City/State and Zip Code  
meagan@beveragelawfl.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

23 JAN 31 PM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

FILED

For further information concerning this matter, please call:

Horace Moody 850 599-2480  
\_\_\_\_\_  
Name of Person at ( ) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee  
☐ \$130.00 Filing Fee & Certificate of Status  
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Our River Retreat LLC

(Must contain 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:

20855 NW Lamb Eddy Road

Altha, FL 32421

Mailing Address:

20855 NW Lamb Eddy Road

Altha, FL 32421

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:

Horace Moody

Name

20855 NW Lamb Eddy Road

Florida street address (P.O. Box **NOT** acceptable)

Altha

FL

32421

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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.

Horace A. Moody  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

23 JAN 31 PM 1:29

FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR	Virginia Baker Lau 239 Buck Road Santa Rosa Beach, FL 32459
MGR	Burke Baker 239 Buck Road Santa Rosa Beach, FL 32459
MGR	Horace Moody 20855 NW Lamb Eddy Road Altha, FL 32421
MGR	Laura Feige 20855 NW Lamb Eddy Road Altha, FL 32421

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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.

**BURKE BAKER**

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)

FILED  
23 JAN 31 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA