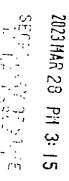
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(Red	questor's Name)	<u> </u>
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PICK-UP	WAIT	MAIL MAIL
(Bus	siness Entity Name)	
(Doc	cument Number)	
Copies	Certificates	of Status
Instructions to Filing	g Officer;	

Office Use Only



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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 615097 1 4385221 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: March 27, 2023 ORDER TIME : 8:56 AM ORDER NO. : 615097-005 CUSTOMER NO: 4355221 DOMESTIC FILING NAME: OAKHILL FISHCAMP, LLC EFFECTIVE DATE: \_ \_\_\_\_ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

CORPORATION SERVICE COMPANY

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		l Fishcamp, LLC		<del>.</del>		
(Must	conatin the words "Limited I	Liability Company, '	"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and stre	eet address of the principal o	ffice of the Limited	Liability Company is:			
<u>Pri</u>	ncipal Office Address:		Mailing Address:	s 2	ა ე	
1820 Old Tump Oakham, MA 01			Old Tumpike Road ham, MA 01068	SEC(2)	ر ا	er tila
( Incham A/A ()	HINK	<b>Vaki</b>	DADI. IVIA UTUGO		=	
ARTICLE III - Registered (The Limited Liability Com	Agent, Registered Office, pany cannot serve as its own	& Registered Agent.			ur on PM	The second
ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office,	& Registered Agent. Non.)	nt's Signature:	or	> 3	i d
ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration areas address of the registered	& Registered Agent. Non.)	nt's Signature:	OF   C/2	28 PN 3: 1	The state of the s
ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Garrett M. Donlin	& Registered Agent. Yon.) d agent are:	nt's Signature:	OF   C/2	28 PN 3: 1	The second
ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration areas address of the registered	& Registered Agent. Yon.) d agent are:  Name	nt's Signature: You must designate an individual	OF   C/2	28 PN 3: 1	THE STATE OF THE S
ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Garrett M. Donlin	& Registered Agent. Yon.) d agent are:  Name	nt's Signature: You must designate an individual	OF   C/2	28 PN 3: 1	THE STATE OF THE S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Manager	Garrett M. Donlin
	1010 Morningside Drive Vero Beach, FL 32963
	Ronald M. McCann 1820 Old Turnpike Road
Manager	Ronald M. McCann
11,-11,-11,-11,-11,-11,-11,-11,-11,-11,	1820 Old Tumpike Road
	Oakham, MA 01068
	<i>∠</i> .
Manager	David W. McCann 60 High Street
	60 High Street Douglas, MA 01516
	Douglas, mrs v to to
	Li2
EV: Effective date, if other than tective date is listed, the date mus	the date of filing:
ective date is listed, the date mus f filing.)	t be specific and cannot be more than five business days prior to or 90 day es not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block do nent's effective date on the Depart	t be specific and cannot be more than five business days prior to or 90 day es not meet the applicable statutory filing requirements, this date will not be
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E V: Effective date, if other than the extive date is listed, the date must filling.) the date inserted in this block do ment's effective date on the Depart E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document is	es not meet the applicable statutory filing requirements, this date will not be rument of State's records.  Med Man Jan L' of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes.
E V: Effective date, if other than the citive date is listed, the date must filling.) the date inserted in this block do nent's effective date on the Depart E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document is I am aware that a	es not meet the applicable statutory filing requirements, this date will not be rument of State's records.  Med Man Dan L' of a member or an authorized representative of a member.
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E V: Effective date, if other than the crive date is listed, the date must filling.) the date inserted in this block do nent's effective date on the Depart E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document is I am aware that a	es not meet the applicable statutory filing requirements, this date will not be retrieved to a statutory filing requirements, this date will not be retrieved to a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State in degree felony as provided for in s.817.155, F.S.