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(Requestor's Name)	
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DEPARTAL AM 10: 48
DIVISION SE CORPORATIONS
TALLAHASSEE, FLORIDA



ACCOUNT NO. : 072100000032

REFERENCE: 908944

430539

AUTHORIZATION : (

COST LIMIT : \$ 125.00

ORDER DATE : May 21, 2007

ORDER TIME : 9:41 AM

ORDER NO. : 908944-005

CUSTOMER NO: 4305390

DOMESTIC FILING

NAME:

ACME SMOKED FISH OF FLORIDA,

LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath - EXT. 2955

EXAMINER'S INITIALS:

ARTICLE I - Name: The name of the Limited Liability Company is: ACME SMOKED FISH OF FLORIDA, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 30-56 GEM STREET BROOKLYN, NY 11222 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

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

business entity with an active Florida registration.)

Corporation Servi	ce Company Name
1201 Hays Street	
	reet address (P.O. Box NOT acceptable
Tallahassee	_{FL} 32301
City,	State, and Zip

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 608, F.S..

Corporation Service Company
Amanda Roath
By:

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member MGR	DAVID CASLOW 30-56 GEM STREET BROOKLYN, NY 11222
	,
——————————————————————————————————————	
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must to days after the date of filing.)	e date of filing: (OPTION be specific and cannot be more than five business da

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

By: JORDAN A. FISCH, ESQ., AUTH, REP.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certifled Copy (Optional)

\$ 5.00 Certificate of Status (Optional)