

LOT 000121899

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (561)455-9885

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ATLANTIC SEAFOOD MARKET, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

ATLANTIC SEAFOOD MARKET, LLC

**ARTICLE II ADDRESS**

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

13815 PORT HARBOR COURT

JACKSONVILLE, FL 32224

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

YU MI LEE

13815 PORT HARBOR COURT

JACKSONVILLE, FL 32224

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Having been named as registered agent 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.,

X YU MI LEE  
YU MI LEE / Registered Agent's Signature

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER:

YU MI LEE

13815 PORT HARBOR COURT

JACKSONVILLE, FL 32224

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x Y M L

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.

YU MI LEE

Typed or printed name of signee

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