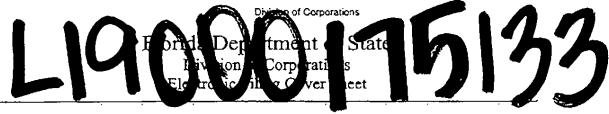
7/17/2019



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.

(((H19000215924 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone : (305)444-4977 Fax Number

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

Email Address:\_

## FLORIDA LIMITED LIABILITY CO. FLORIDA KEYS FRESH CATCH SEAFOOD LLC

Certificate of Status	0
Certified Copy	0_
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORI	DA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
FLORIDA KEYS FRESH CATCH SEAFOOD LL	
(Must contain the words 'Limited Liabili	ry Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office o  Principal Office Address:	f the Limited Liability Company is:  Malling Address:
101000 OVERSEAS HWY	220 NE 12 AVE LOT: 6
KEY LARGO, FL 33037	HOMESTEAD, FL 33030
ARTICLE M - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regis another business entity with an active Florida registration.)	ristered Agent's Signature: tered Agent. You must designate an individual or

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

JORGE T. AMADO	ર	
	Name	
220 NE 12 AVE LO	Г: 6	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
HOMESTEAD	FL_	33030
City	State	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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 JUL 17 PH 6: 07

ARTICLE IV-

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	AMARILYS RODRIGUEZ
	1011 NE 41 PLACE
	HOMESTEAD, FL 33033
MGR	JORGE T. AMADOR
	220 NE 12 AVE LOT: 6
	HOMESTEAD, FL 33030
LEV: Effective date, if other than t	the date of filing:
fective date is listed, the date must of filing.) If the date inserted in this block do	the date of filing:  . (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 ses not meet the applicable statutory filing requirements, this date will not artment of State's records.
fective date is listed, the date must of filing.) If the date inserted in this block do ument's effective date on the Depa	es not meet the applicable statutory filing requirements, this date will not
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fective date is listed, the date must of filing.) If the date inserted in this block do ument's effective date on the Depa	es not meet the applicable statutory filing requirements, this date will not artment of State's records.
Signature  This document is large that a grant and a g	es not meet the applicable statutory filing requirements, this date will not artment of State's records.
Signature This document is a ware that a constitutes a thir	es not meet the applicable statutory filing requirements, this date will not artment of State's records.  of a member or an authorized representative of a member.  s executed in accordance with section 605.0203 (1) (b), Florida Statutes.  any false information submitted in a document to the Department of State

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)