

LAW 35825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

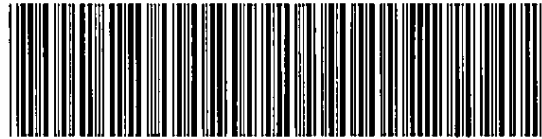
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

T. SCOTT  
AUG 17 2022



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08/17/22--01005--017 \*\*160.00

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2022 AUG 17 PM 12:10  
TALLAHASSEE, FLORIDA

FILED  
2022 AUG 17 PM 3:11  
CORPORATION VIDEO  
FRANCHISING  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CRUSTAR SEA Food LLC  
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:

MIKE MAIER  
Name of Person

CRUSTAR SEA Food LLC  
Firm/Company

7512 DR. PHILLIPS Blvd. suite 50-112  
Address

ORLANDO FL 32819  
City/State and Zip Code

mm123USA@Hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE MAIER at ( 407 ) 970 9500  
Name of Person 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:

CRUSTAR SEA FOOD LLC  
(Must include 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:

Mailing Address:

7512 DR. PHILLIPS Blvd.  
UNIT 50-112  
ORLANDO FL 32819

7512 DR. PHILLIPS Blvd.  
UNIT 50-112  
ORLANDO, FL 32819

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.)

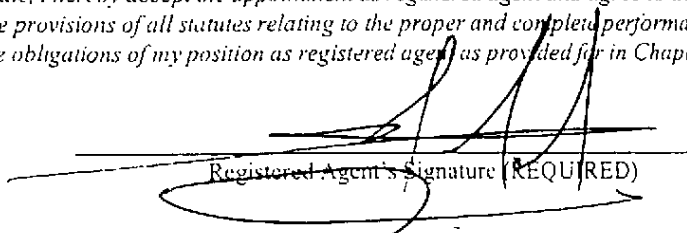
The name and the Florida street address of the registered agent are:

MIKE MAJEX  
Name

7512 DR. PHILLIPS Blvd. UNIT 50-112  
Florida street address (P.O. Box NOT acceptable)

ORLANDO FL 32819  
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)

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2022 AUG 17 PM 3  
CORPORATE AND/OR VIO  
FRANCHISING  
DIVISION OF CORPORA  
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" - Authorized Member

"MGR" Manager

AMBR

AMBR

AMBR

AMBR

Name and Address:

MIKE MALEK

7512 DR. PHILLIPS BLVD. 50-112

ORLANDO, FL 32819

ERNESTO DELUCA

7512 DR. PHILLIPS AVE. 50-112

ORLANDO, FL 32819

DA SILVA GODIM, JOSE LEONARDIS  
AV. L. TOR ANEA 22040 R. VADRA PLATE 1  
EUSEBIO, CE 60535 BR.

NASSER GUAYAO ALFREDO MARIO

RVA PROFESSOR FRANCESCO

1391 Apt. 2201 FORTALEZA, CE GONCALVES  
0192-170 BR.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/17/2022 (OPTIONAL)

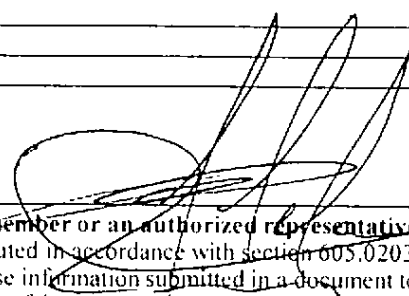
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

MIKE MALEK

Typed or printed name of signee

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)