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M. MOON

MAR 06 2017

SHARKFISH, LLC  
5053 BALLARK STREET  
MOUNT DORA, FL 32757

March 1, 2017

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sirs:

RE: SHARKFISH, LLC


Enclosed is an original copy of my Articles of Organization for the above proposed Limited Liability Company.

Also enclosed is a check in the amount of

Filing Fee           \$125.00

Total               \$125.00

Sincerely,

  
\_\_\_\_\_  
James Anthony

JA

**ARTICLES OF ORGANIZATION  
OF  
SHARKFISH, LLC**

ONE: The name of the Limited Liability Company is **SHARKFISH, LLC**

TWO: The principal address of the Limited Liability Company is:

5053 BALLARK STREET  
MOUNT DORA, FL 32757

THREE: The Company is organized to perform any and all lawful acts pertaining to the management of any lawful business as well as to engage in and to do any lawful act concerning any and all lawful business for which a Limited Liability Company may be organized under the Florida Limited Liability Company Act and any amendments thereto.

FOUR: The names and street addresses of Members who shall constitute the initial Members of the Company are as follows:

Managing Member  
JAMES ANTHONY  
5053 BALLARK STREET  
MOUNT DORA, FL 32757

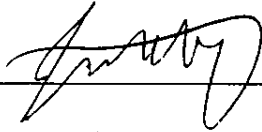
Managing Member  
EDITH LOZADA  
5053 BALLARK STREET  
MOUNT DORA, FL 32757

FIVE: The registered agent and the street address of the initial registered office of the Limited Liability Company in the State of Florida is:

JAMES ANTHONY  
5053 BALLARK STREET  
MOUNT DORA, FL 32757

JA

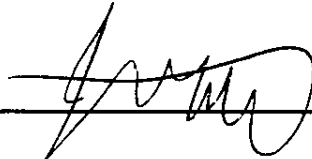
*Having been named as registered agent to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*



Signature/Registered Agent

3-1-17

Date



**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.

JAMES ANTHONY

STATE OF FLORIDA

COUNTY OF SEMINOLE

I, **HEREBY CERTIFY** that on this day, before me, a Notary Public authorized in the State and County named above to take acknowledgments, personally appeared to me known to be the person James Anthony, as the subscriber in and who executed the foregoing Articles of Organization, and acknowledged before me that he/she subscribed to those Articles of Organization.

**WITNESS** my hand and official seal in the County and State named above this 1st day of March, 2017.



  
\_\_\_\_\_  
Notary Public  
My commission expires: 11/29/2019

\_\_\_\_\_  
Personally Known A535 44378 0060  
Identification \_\_\_\_\_

JA