

J. PATRICK FLOYD

Requester's Name

P.O. BRAWER 950

Address

PORT ST. DE, FLA 32456

City/State/Zip

Phone #

850-227-7413

LD1000003227

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Master Chase LLC

(Corporation Name)

(Document #)

2. Per Patrick - add mailing address

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time

4:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

100003796231--2
-03/02/01--01071--004
****775.00 ****155.00

RECEIVED
DIVISION OF CORPORATION
2001 MAR -2 PM 1:25
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
MASTER CHASE, L.L.C.**

The undersigned, pursuant to the provision of Chapter 608 of the Florida Statutes (the "Florida limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is MASTER CHASE, L.L.C. (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company. The effective date of the Limited Liability Company shall be _____.

3. PURPOSE.

The purpose for which the Company is organized is to purchase, own, sell, mortgage, shrimping, fishing, seafood processing and sale and do everything incidental or necessary relating to real property and personal property, including farming, timber farming, development, and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. ADDRESS OF PLACE OF BUSINESS.

The street address of the place of business in Florida for the Company is: 185 North Bayshore Drive, Eastpoint, FL 32328. Such address may be changed from time to time as provided in the Operating Agreement.

Mailing

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Bruce Millender, 185 North Bayshore Drive, Eastpoint, FL 32328.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: (\$ 300,000 — *MY MASTER CHASE*) *pm*

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: None at this time. No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

01 MAR -2 PM 1:38
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

8. MEMBERS; ADMISSION OF NEW MEMBERS.

The Company shall have at least one (1) member (the "Member"). New Member(s) may be admitted in the manner provided in the Operating Agreement.

9. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

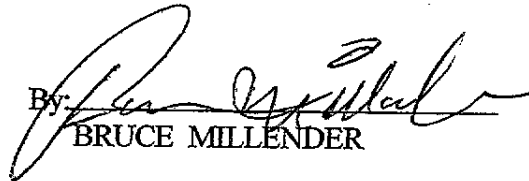
10. MANAGEMENT.

The management of the Company shall be reserved to the Members. In the event of the death of a Manager, the remaining Manager(s) shall serve until the next meeting of the Members and until a successor (if any is elected) for the deceased Manager is qualified. The names and addresses of the Members who are to serve as the managing Members (the "Managers") until the first annual meeting of Members or until their successors are duly elected and qualified are as follows:
Bruce Millender.

11. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Manager or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

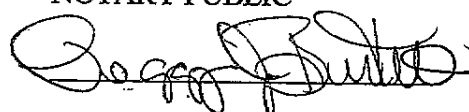
Executed at Apalachicola, FL on the 14th day of September, 2000.

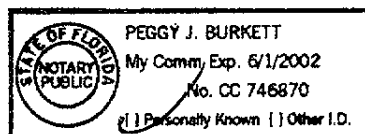
By: 
BRUCE MILLENDER

STATE OF FLORIDA
COUNTY OF FRANKLIN

The foregoing instrument was acknowledged before me this 14th day of September, 2000, by BRUCE MILLENDER, member of Master Chase, L.L.C., a Florida limited liability company, on behalf of the company. He is personally known to me or produced as identification.

(SEAL)

NOTARY PUBLIC




01 SEP -2 PM 1:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

REGISTERED AGENT FILING FEE: \$35.00
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: MASTER CHASE, LLC.
2. The name and address of the registered agent and office is:
Bruce Millender
185 N. Bayshore Drive
Eastpoint, FL 32328

Signature

Title

Date

Bruce Millender
Managing Member
9/19/10

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.

Signature:

Bruce Millender
Angelene mpe

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA