

L03000003867

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : M. BUER KEIM COMPANY
Account Number : 119990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

B/K

LIMITED LIABILITY COMPANY

FLORIDA QUAHOGS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

January 31, 2003

M. BURR KEIM COMPANY

SUBJECT: FLORIDA QUAHOGS, LLC
REF: W03000003000

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Buck Kohr
Corporate Specialist

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DIVISION OF CORPORATION

Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 82314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA QUAHOGS, LLC

ARTICLE II - Address:

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

120 Severino Drive, Islamorada, FL 33036

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Leroy E. Truex
Name
120 Severino Drive
Florida street address (P.O. Box **NOT** acceptable)
Islamorada FL 33036
City, State, and Zip

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STATE OF FLORIDA
TALLAHASSEE

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 608, F.S.

Leroy E. Truex
Registered Agent's Signature
Leroy E. Truex

(An additional article must be added if an effective date is requested)

Leroy E. Truex
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.)

Leroy E. Truex, Authorized Representative of a Member
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- * 25.00 Designation of Registered Agent
- * 30.00 Certified Copy (Optional)
- * 5.00 Certificate of Status (Optional)