

10300000 8921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

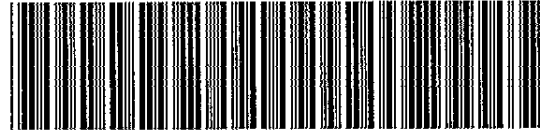
(Document Number)

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

Special Instructions to Filing Officer:

3/12  
Jest

Office Use Only



200013262202

03/12/03--01000--007 \*\*155.00

03 MAR 11 PM 1:05  
FILED  
TALLAHASSEE, FLORIDA

RECEIVED  
03 MAR 11 PM 3:47  
STATE  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Fisherman International Distributors, LLC

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name

Date

Time

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- FILED**  
03 MAR 11 PM 1:04  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE
- \_\_\_\_ Art of Inc. File \_\_\_\_\_
  - \_\_\_\_ LTD Partnership File \_\_\_\_\_
  - \_\_\_\_ Foreign Corp. File \_\_\_\_\_
  - ☒ L.C. File \_\_\_\_\_
  - \_\_\_\_ Fictitious Name File \_\_\_\_\_
  - \_\_\_\_ Trade/Service Mark \_\_\_\_\_
  - \_\_\_\_ Merger File \_\_\_\_\_
  - \_\_\_\_ Art. of Amend. File \_\_\_\_\_
  - \_\_\_\_ RA Resignation \_\_\_\_\_
  - \_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
  - \_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
  - ☒ Cert. Copy \_\_\_\_\_
  - \_\_\_\_ Photo Copy \_\_\_\_\_
  - \_\_\_\_ Certificate of Good Standing \_\_\_\_\_
  - \_\_\_\_ Certificate of Status \_\_\_\_\_
  - \_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
  - \_\_\_\_ Corp Record Search \_\_\_\_\_
  - \_\_\_\_ Officer Search \_\_\_\_\_
  - \_\_\_\_ Fictitious Search \_\_\_\_\_
  - \_\_\_\_ Fictitious Owner Search \_\_\_\_\_
  - \_\_\_\_ Vehicle Search \_\_\_\_\_
  - \_\_\_\_ Driving Record \_\_\_\_\_
  - \_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
  - \_\_\_\_ UCC 11 Search \_\_\_\_\_
  - \_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
  - \_\_\_\_ Courier \_\_\_\_\_

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Fishermen International Distributors, LLC

## ARTICLE II - Address:

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

20533 DISCAYNE BLVD. Ste. N-144  
Aventura, FL 33180

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

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

I. CARPMAN  
Name  
20533 DISCAYNE BLVD. - Suite N-144  
Florida street address (P.O. Box NOT acceptable)  
AVENTURA FL 33180  
City, State, and 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 608, F.S.

[Signature]  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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

[Signature]  
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)

I. CARPMAN  
Typed or printed name of signer

## 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)

03 MAR 11 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED