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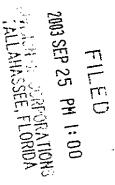
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Special Instructions to	Filing Officer:	

Office Use Only



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## **Sharon Pierce**

16735 SW 42<sup>rd</sup> Loop Ocala, Florida 34481 Phone 352-489-1596 Fax: 352-489-1596 email spisland@aol.com

MBSER 25 PM 1:00

September 24, 2003

Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Rebel Conch Seafood, L.L.C.

Ladies or Gentlemen:

Enclosed please find an original Articles of Organization for the above together with a check in the total amount of \$160.00 which represents the following fees:

Filing fee	\$100.00
Certificate of status	5.00
Certified copy	30.00
Registered Agent Fee	<u>25.00</u>
	\$160.00

Please file the original and return all documents to the undersigned at the above address.

Sincerely,

Sharon L. Pierce

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rebel Conch Seafood, L.L.C. (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:
Sharon L. Pierce (Name of Person)  Registration (Name of Person)
(Firm/Company)
16735 SW 4300 LOOP
Ocala, Florida 34481 (City/State and Zip Code)
For further information concerning this matter, please call:

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

(Name of Person)

**MAILING ADDRESS:** 

(Area Code & Daytime Telephone Number)

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Kebel Conch Seafood,
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
16735 5W 42 Loop Ocala, Florida Ocala, Florida 34481 34481
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:  Sharon L. Pierce  Name
Florida street address (P.O. Box NOT acceptable)
Ocala FL 3448) 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..

Registered Agent's Signature

(CONTINUED)

Name and Address:
Sharon L. Pierce 16735 SW 4200 Loop Ocala, Florida 34481
Derek M. Pierre 16735 SW 4200 LOOP Ocala, Florida 34481
THE SERVICE OF THE SE
ist be added if an effective date is requested.

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.)

Sharon Li Pierre
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)