

L03000037455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

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2003 SEP 25 PM 1:00  
TALLAHASSEE, FLORIDA

J. BRYAN OCT - 1 2003

**Sharon Pierce**

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

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  
Sharon L. Pierce

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2003 SEP 25 PM 1:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## 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)

\_\_\_\_\_  
(Firm/Company)

16735 SW 42<sup>nd</sup> Loop  
(Address)

Ocala, Florida 34481  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon L. Pierce at (352) 489-1596  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
2003 SEP 25 PM 1:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Rebel Conch Seafood, L.L.

**ARTICLE II - Address:**

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

**Principal Office Address:**

116735 SW 42<sup>nd</sup> Loop  
Ocala, Florida  
34481

**Mailing Address:**

116735 SW 42<sup>nd</sup> Loop  
Ocala, Florida  
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  
116735 SW 42<sup>nd</sup> Loop  
Florida street address (P.O. Box **NOT** acceptable)  
Ocala FL 34481  
City, State, and Zip

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2003 SEP 25 PM 1:00  
JULIAN CORPORATION  
TALLAHASSEE, FLORIDA

*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..*

Sharon L. Pierce  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Sharon L. Pierce  
16735 SW 42<sup>nd</sup> Loop  
Ocala, Florida 34481

MGRM

Derek M. Pierce  
16735 SW 42<sup>nd</sup> Loop  
Ocala, Florida 34481

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Sharon L. Pierce

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 L. Pierce

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)

FILED  
2003 SEP 25 PM 1:00  
CLERK OF CORPORATIONS  
TALLAHASSEE, FLORIDA