

L04000002839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

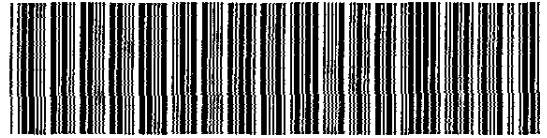
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400026458324

RECEIVED  
04 JAN 12 AM 8:50  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
04 JAN 12 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 390523 156480A

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 125.00

FILED  
04 JAN 12 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : January 9, 2004

ORDER TIME : 4:53 PM

ORDER NO. : 390523-005

CUSTOMER NO: 156480A

CUSTOMER: Ms. Layla Tabor  
Roberts, Seward & Company

Suite 202  
505 E. Jackson Street  
Tampa, FL 33602

DOMESTIC FILING

NAME: SMOKE SHEDD SEAFOOD COMPANY,  
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
04 JAN 12 AM 8:49  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

FILED  
JAN 12 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Smoke Shedd Seafood Company, LLC

**ARTICLE II - Address:**

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

Principal Office Address:

6032 24th St. N  
St. Petersburg, FL 33714

Mailing Address:

6032 24th St. N  
St. Petersburg, FL 33714

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

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

John Saunders  
Name

6032 24th St. N  
Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg FLORIDA 33714  
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, Florida Statutes..*

J. M. Saunders  
Registered Agent's Signature

**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

John Saunders  
4457 80th Ave. N.  
Pinellas Park, FL 33781

MGR

Michael Scott Gustafson  
3742 44th Ave. N.  
St. Petersburg, FL 33714

MGR

Yvette Gutierrez  
3742 44th Ave. N.  
St. Petersburg, FL 33714

MGR

James Miller  
201 Wrangle Ave  
Box 252

(Use attachment if necessary)

Petersburg, Alaska 99833

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

**REQUIRED SIGNATURE:**

x John M. Saunders  
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.)

John Saunders  
Typed or printed name of signee

**Filing Fee:**

\$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)