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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fish wa Bowl, LLC (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:
Agron S. Ben David (Name of Person)
Frsh in a Bowl, LLC (Firm/Company)
POBOX 136014
(Address)
Clermont, Fl 34713-6014 (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 MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Fish IN a Bowl, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
15905 Sundew Court PO Box 136014 Clermont, FI Clermont, FI 34711 34713-6014
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Aaron S. Ben David
Name
Florida street address (P.O. Box NOT acceptable)
ClermonTFL 34711 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
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ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGR	Aaron S. Ben David 15905 Sundew COURT Clermont, Fl 34711
•	
(Use attachment if necessary)	
REQUIRED SIGNATURE:	nust be added if an effective date is requested. nember or an authorized representative of a member.
of this documen	with section 608.408(3), Florida Statutes, the execution to constitutes an affirmation under the penalties of perjury sted herein are true.) N. S. Ben David 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)