

L04000043754

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W04-15834

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 24 PM 12:44



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 23, 2004

VALERIE SANDERS  
20461 OLD CUTLER RD  
MIAMI, FL 33189

SUBJECT: FISH AND FEATHERS PLUS  
Ref. Number: W04000015834

We have received your document for FISH AND FEATHERS PLUS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick  
Document Specialist

Letter Number: 904A00027024

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FISH AND FEATHERS PLUS  
(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:

VALERIE SANDERS  
(Name of Person)

FISH AND FEATHERS PLUS  
(Firm/Company)

20461 OLD CUTLER RD  
(Address)

MIAMI, FL 33189  
(City/State and Zip Code)

For further information concerning this matter, please call:

VALERIE SANDERS at (786) 573-3414  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FISH AND FEATHERS PLUS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

20461 OLD CUTLER RD  
MIAMI, FL 33189

**Mailing Address:**

SAME

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

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

Edward MARK Rogers  
Name

1401 NW 17th AVE  
Florida street address (P.O. Box NOT acceptable)

Miami FL FLORIDA 33125  
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..*

  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

VALERIE SANDERS  
19910 DOTHAM RD  
MIAMI, FL 33157

MGRM

RANDALL ROBERTS  
19910 DOTHAM RD  
MIAMI, FL 33157

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Valerie A. Sanders  
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.)

VALERIE A. SANDERS  
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)

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