

L060000122633

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12/18/06--01009--019 \*\*160.00

**EFFECTIVE DATE**

01/01/07

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DIVISION OF CORPORATIONS  
06 DEC 28 AM 10:28

W06-54418  
J. BRYAN DEC 19 2006

J. BRYAN DEC 28 2006

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fishee, Inc., 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:

John Michael Simpson  
(Name of Person)

Fishee, Inc., LLC  
(Firm/Company)

820 12<sup>th</sup> Ave. N.  
(Address)

St. Petersburg, FL 33701  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Nancy J. Simpson at 727, 895-6179  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 19, 2006

JOHN MICHAEL SIMPSON  
~~FISHEE, INC., LLC~~ *Go Fish Fisheries, LLC*  
820 12TH AVE. N  
ST. PETERSBURG, FL 33701

SUBJECT: FISHEE, INC., LLC  
Ref. Number: W06000054418

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We have received your document for FISHEE, INC., LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout 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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 306A00071772

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Go Fish Fisheries, LLC (NS)  
~~Fishie, Inc., LLC~~

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

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DIVISION  
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**ARTICLE II - Address:**

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

**Principal Office Address:**

820 12<sup>th</sup> Ave. N.  
St. Petersburg, FL 33701

**Mailing Address:**

820 12<sup>th</sup> Ave. N.  
St. Petersburg, FL 33701

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Nancy J. Simpson  
Name

820 12<sup>th</sup> Ave. N.  
Florida street address (P.O. Box **NOT** acceptable)  
St. Petersburg, FL 33701  
City, State, and Zip

**EFFECTIVE DATE**  
01/01/07

*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..*

Nancy Simpson  
Registered Agent's Signature (REQUIRED)

(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

John Michael Simpson  
820 12th Ave. N.  
St. Petersburg, FL 33701

MGRM

Nancy J. Simpson  
820 12th Ave. N.  
St. Petersburg, FL 33701

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/1/2007 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Nancy Simpson  
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.)

Nancy Simpson  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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