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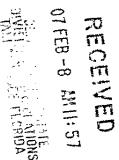
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(City	y/State/Zip/Phone	a#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEF F. FORE

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

Examiner's Initials

MIAMI, FL 33165 (305) 552-5973	The state of the s
	Office Use Only
CORPORATION NAME(S) & DOCUMENT NUM	•
1. PRIME FISH INDUSTRI	E5, LLC.
(Corporation Name) (I	Document #)
2.	
(Corporation Name) (I	Document #)
3. (Corporation Name) (1	Document #)
	•
4	
(Corporation Name) (1	Document #)
Walk in Pick up time 2.00	Certified Copy
Mail out Will wait Photo	copy
	,,,,,
NEW FILINGS AMEND	MENTS .
☐ Profit ☐ Ame	endment
parties .	gnation of R.A., Officer/Director
	nge of Registered Agent
Domestication Diss Other Diss	olution/Withdrawal
Other Williams	gCi
OTHER FILINGS REGIST	RATION/QUALIFICATION
☐ Annual Report ☐ Fore	ion
	ted Partnership
,	estatement
Trac	lemark •
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CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLO	RIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	ACCULATION OF THE PARTY OF THE
Prime Fish Industries, (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1400 Salzedo St Coral Gables, fl 33184	1400 Salzedo St Coral Gables, H 33134
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	gistered agent are:
Monica Ber Name	nitez
1400 Sc/201	n V .
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
•	les f1. 33134
City, State, and	
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
Registered Agent's Signatur	re (REOURED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Marm	Monica Benitez 1400 Salzedo St Coral Gables, fl 33134
(Use attachment if necessary)	
	e date of filing:
days after the date of filing.)	
,	
required signature:	nully
(In accordance with se	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)

Filing Fees:

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

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)