

Florida Department of State  
Division of Corporations  
Public Access System  
Electronic Filing Cover Sheet

# L07000054329

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000139251 3)))



H070001392513ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 MAY 22 AM 8:56

FILED

DB

RECEIVED

07 MAY 22 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

four marching fish, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

H07000139251

3

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FOUR MARCHING FISH, LLC

(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 principal office of the Limited Liability Company is:

**Principal Office Address:**

8355 MENTEITH TERRACE  
MIAMI LAKES, FL 33016

**Mailing Address:**

8355 MENTEITH TERRACE  
MIAMI LAKES, FL 33016

**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:

ANGELO R. POU, ESQ.

Name

5795 S.W. 22nd. Street

Florida street address (P.O. Box ~~NOT~~ acceptable)

MIAMI FL 33155

City, State, and Zip

FILED  
07 MAY 22 AM 8:56  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

*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.*

*Angelo R. Pou*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H07000139251

407000139257

**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:

MANAGER

CARLOS M. VALDES-SUEIRAS  
8355 MENTEITH TERRACE  
MIAMI LAKES, FL 33016

MANAGING MEMBER

PATRICIA E. VALDES-SUEIRAS  
8355 MENTEITH TERRACE  
MIAMI LAKES, FL 33016

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

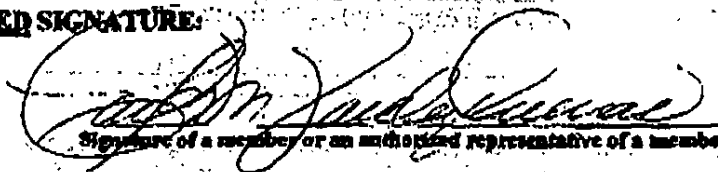
07 MAY 22 AM 8:56

FILED

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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:**



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.)

CARLOS M. VALDES-SUEIRAS

Typed or printed name of signer

**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)

407000139257