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(City/State/Zip/Phone #)

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T. CLINE

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EXAMINER

# SMITH LAW FIRM, LLC

B. LARRY SMITH, P.A.

"SNUFFY"

B. SHANNON SMITH, P.A.

"SHANNON"

530 - 49TH STREET SOUTH  
ST. PETERSBURG, FLORIDA 33707

(727) 322-9395  
(352) 490-5337 (FAX)

REPLY TO MAIN OFFICE:

322 EAST PARK AVENUE  
CHIEFLAND, FLORIDA 32626

(352) 490-5353  
(352) 490-5337 (FAX)

August 12, 2008

Florida Department of State  
Registration Section  
Division of Corporations  
POB 6327  
Tallahassee FL 32314

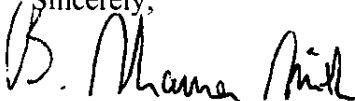
RE: Scale Key Clams, LLC

To Whom It May Concern:

Please find enclosed my office check numbered 2208 in the amount of \$130.00 and the original Cover Letter and Articles of Incorporation for filing in the above matter. Please forward the Certificate of Status to my office at 322 East Park Avenue, Chiefland FL, in the enclosed self addressed, stamped envelope.

In the meantime, I thank you for your time and consideration.

Sincerely,



B. SHANNON SMITH  
BSS/cms  
enc

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2008 AUG 14  
TALLAHASSEE  
SECRETARY OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Scale Key Clams, 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:

Robert Anthony Witt  
(Name of Person)

Scale Key Clams, LLC  
(Firm/Company)

12282 Bay Street  
(Address)

Cedar Key, FL 32625  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Anthony Witt at ( 352 ) 212-2555  
(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

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Scale Key Clams, LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

12282 Bay Street  
Cedar Key, FL 32625

#### Mailing Address:

12282 Bay Street  
Cedar Key, FL 32625

### 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:

Robert A. Witt  
Name

12282 Bay Street  
Florida street address (P.O. Box **NOT** acceptable)

Cedar Key FL 32625  
City, State, and Zip

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TALLAHASSEE, 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..*

Robert A Witt  
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:**

\_\_\_\_\_ MGRM

\_\_\_\_\_ Robert A. Witt  
\_\_\_\_\_ 12282 Bay Street  
\_\_\_\_\_ Cedar Key, FL 32625

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(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.)

\_\_\_\_\_ Robert A. Witt  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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**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)**