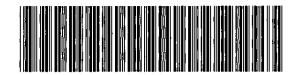
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(Re	equestor's Name)	- ,
(Ac	ldress)	,
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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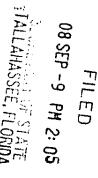
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B. KOHR

SEP 9 2008

EXAMINER



LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

3320 34 07 ATENO2	E SK
MIAMI, FL 33165 (305)	Office Use Only CUMENT NUMBER(S), (if known):
a company of the second second	Office Use Only
CORPORATION NAME(S) & DO	CUMENT NUMBER(S), (if known):
The	
1. (Corporation Name)	(Document #)
(Corporation (Vanic)	(Document w)
2. (Corporation Name)	(Document #)
(Corporation Name)	(Locument w)
3	
(Corporation Name)	(Document #)
4.	
(Corporation Name)	(Document #)
Walk in Pick up time	2:00 PM
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
•,	
NEW FILINGS	<u>AMENDMENTS</u>
Profit	Amendment SP 4 055 / Pi
Not for Profit Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
☐ Fictitious Name	Limited Partnership
•	Reinstatement Trademark
· .	Other
	Y 9 - Y - 121 - 1
CR2E031(7/97)	Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
T & J Seafood 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: Mailing Address:
1121 Scarborough Drive 1121 Scarborough Drive DAVIE FL 33324
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:
Tim DiPietro
Name
1121 Scanborargh Drive
Florida street address (P.O. Box <u>NOT</u> acceptable)
DAVIE FL 333714
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, F.S..

Registered Agent's Signature (REQUIRED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR (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.) Typed or printed name of signee Filing Fees:

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)