

L08000096064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

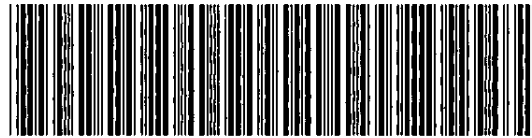
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800136724668

10/09/08--01018--002 **160.00

EFFECTIVE DATE

10/7/08

B. KOHR

OCT 10 2008

EXAMINER

OFFICE OF STATE
TALLAHASSEE, FLORIDA

08 OCT -9 PM 4:55

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roland Seafood Company 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:

Brad Roland

(Name of Person)

(William Bradstan Mathias Roland)

Roland Seafood Company LLC

(Firm/Company)

230 Pine Street

(Address)

Atlantic Beach Florida 32233

(City/State and Zip Code)

EFFECTIVE DATE

10/7/08

FILED
08 OCT -9 PM 4:55
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Brad Roland

(Name of Person)

at (904) 246-9443

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE 10/7/08

Roland Seafood Company 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:

1790 Mayport Road

Atlantic Beach Florida 32233

Mailing Address:

Post Office Box 330843

Atlantic Beach Florida 32233

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:

Brad Roland

Name

230 Pine Street

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

Atlantic Beach Florida, 32233

City, State, and Zip

FILED
08 OCT -9 PM 4:55
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..

Brad Roland

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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" _____

Brad Roland

230 Pine Street

Atlantic Beach Florida 32233

"MGR" _____

Priscilla Roland

230 Pine Street

Atlantic Beach Florida 32233

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 7, 2008 (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.)

BRAD ROLAND

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)