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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346**FILED**
09 APR 29 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**RECEIVED**

09 APR 29 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FLORIDA/FOREIGN LIMITED LIABILITY CO.****FLORIDA KEYS SEAFOOD PRODUCTS, LLC**

Certificate of Status	0
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Estimated Charge	\$155.00

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EFFECTIVE DATE

4/29/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA KEYS SEAFOOD PRODUCTS, 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:

128 RIVIERA DR.

TAVERNIER, FL 33070

Mailing Address:

P.O. BOX 709657

TAVERNIER, FL 33070-9657

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:

BENJAMIN H. SPAULDING

Name

128 RIVIERA DR.

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

TAVERNIER

FL

33070

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)

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TALLAHASSEE, FLORIDA

EFFECTIVE DATE 4/29/09

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

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

BENJAMIN H. SPAULDING

128 RIVIERA DR.

TAVERNIER, FL 33070

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04-29-09 (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.)

OSVALDO TORRES III

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 29 AM 9:55

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