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<u> </u>	
· - · · ·	(Requestor's Name)
	(Address)
· ·	(Address)
	(City/State/Zip/Phone #)
PiCK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

L. SELLERS

MAR -4 2010

EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TIDES Up FISHERIES LL (Name of Limited Lightlity Company	1
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JAMES H. ZURBRICK	
Name of Person	
Firm/Company	_
PO 808	_
Address	
STEIN HATCHEE FL 32359	_
STEIN MATCHEE FL 32359 City/State and Zip Code Jim a Jolly Rosens II. Com E-mail address: (to be assed for future annual report notification) For further information concerning this matter, please call:	
For further information concerning this matter, please call:	
TAMES ZURBRICK at 352 356-1713 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount: \$\begin{align*} \\$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

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:	
(Must end with the words "Limited Liab	o Fisheries LL C. ity Company," "L.L.C.," or "LLC.")
ADTICLE II Address.	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
218 4Th ME N	PO 808
218 4Th ME N STEINHATCHEE FL 32359	5761NhnThEE FL 30359
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	· · · · · · · · · · · · · · · · · · ·
JAMES H.	ZURBRICK NAVEN
Name	1. 12. 1)
Florida street address (P.O.	
S TEIN hATCh & E. City, State, as	FL 2×23 7 nd Zip
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all orformance of my duties, and I am familiar with and sterged agent as provided for in Chapter 608, F.S
Registered Agent's Signat Page 1 (CONTIN	AR - 3 AHASSI

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGRVI - Wallaging Willing	MBR-JAMES H. ZURBRICK 218 4 TO FOR N STEINHATCHEE FL 32359
<u> MGRM</u>	BONICA Fishing INC 26 CYPRYSS DR. PAKIN HIMBOR FL 34684 DOCH PO400064899 FEHEIN # 201997226
(Use attachment if necessary	
	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior)
REQUIRED SIGNATURE Signature of	a member or an authorized representative of a member.
of this docui	ce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury stated herein are true. This form of the penalties of perjury
Filing Fees:	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

10 MAR -3 PH 2:31
SECRETARY OF STATE