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SUBJEC	ா: Gr8 Leg	s Seafood	Company L	LC ·				
SUBJECT: Gr8 Legs Seafood Company LLC Name of Limited Liability Company								
The encl	losed Articles of	Organization	n and fee(s) are	submitted for file	ing.			
Please n	eturn all corresp	ondence cond	cerning this mat	ter to the followi	ng:			
j	Karen G. Mun	nis-Smith						
-	······································			Name of Person				
(Gr8 Legs Sea	food Comp	any, LLC					
	Firm/Company							
1	11391 Heidi Lee Lane							
	Address							
Ft. Myers, FL 33908								
City/State and Zip Code								
Gr8LegsSeafoodCompany@gmail.com E-mail address: (to be used for future annual report notification)								
		E-mail add	iress: (to be used	for future annual re	port notificatio	n)		
For furth	ner information of	concerning th	is matter, pleas	e call:				
Karen G. Munnis-Smith			at (239	₎ 634-87	80		_	
Name of Person		Area Code & Daytime Telephone Number						
Enclose	d is a check fo	r the follow	ing amount:		`			
☐\$125.00 Filing Fee & Certificate of Status		Certified Copy (additional copy is enclosed)			\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		P.O. Box 6	n Section f Corporations	Registr Divisio Clifton 2661 E	Courier Adda ation Section on of Corporat Building xecutive Cent assee, FL 3230	tions ter Ci	rcle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Gr8 Legs 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: Mailing Address:	ARTICLE I - Name:	
(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 Maili	The name of the Limited Liability Com	npany is:
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is Principal Office Address: Mailing		
The mailing address and street address of the principal office of the Limited Liability Company is Principal Office Address: Mailing Address Mailing Addr	(Must end with the words "Lir	nited Liability Company, "L.L.C.," or "LLC.")
For Myers, FL 33913 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: Michael J. Smith		of the principal office of the Limited Liability Company is:
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: Michael J. Smith Name 1391 Heidi Lee Care Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) 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 provision 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.	Principal Office Address:	Mailing Address:
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: Michael J. Smith Name 1391 Heidi Lee Care Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) 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 provision 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.	870 Buttonwood Dr.	11391 Hekil Lee Lane
(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: Michael J. Smith		Ft. Myers, FL 33908
(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: Michael J. Smith	,	
registered agent and agree to act in this capacity. I further agree to comply with the provisions of al 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.	Michael 11391 Ho Florida Fort M	Name Name Letd: Lee Cane a street address (P.O. Box NOT acceptable) Yeld: FL 33508 City, State, and Zip
(computer)	liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position. Registered Agent	nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S Int's Signature (REDURED)
(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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.)

Karen G. Munnis-Smith

Typed or printed name of signee

Filing Fees:

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

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