# 10000 128561

(Requestor's Name)	
(Address)	80018852196
(Address)  (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	12/14/1001016
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	EFFECTIVE DATE 1 2010

Office Use Only

B. KOHR

DEC 1 6 2010

**EXAMINER** 



003 \*\*160.00



# **COVER LETTER**

TO: Registration Division of C	Section Corporations		6
SUBJECT:	justral Seaf	oods LLC	io pr
	Name of Limited	d Liability Company	
	of Organization and fee(s) are su	Ę	FFECTIVE DATE 112
	Ratael Co	_	Matoo
	1	Name of Person	
<del></del>	328 West N	Firm/Company	Street
	Key Biscay	Address	P1128
	rchatoo (	e hotmail	COM
For further informatio	E-mail address: (to be used for n concerning this matter, please of	•	ication)
Cary To		at ( 305 ) 8	10-5233
Nam	e of Person	Area Code & Day	rtime Telephone Number
<b>N</b>	for the following amount: \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee Certified Copy (additional copy is enc	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	tion porations 3 Center Circle



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

## **ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

Austral Seafoods 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:
338 West MatyraSt.	339 West MeIntyre St.
En Risconne FR. 33149	For Bossay No. FR. 33149

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:

Ratael Canacho Mator

Name

Name

Name

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

Full Biscaphoe FL 33144

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

(CONTINUED)

Page 1 of 2

-	ARTICLE IV- Man The name and addres	<b>-</b>	ng Member(s): or Managing Member is as follows:	
	Title: "MGR" = Manager "MGRM" = Managir	_	Name and Address:	
	MGR		Ratael Canadio Matoo 328 West Nelshtyre Key Rissayve, Fl. 33149	
	<del></del>			
(If an e	(Use attachment if no CLE V: Effective date, ffective date is listed, days after the date of	, if other than the date the date must be spe	of filing: 187 201. (OPTIONAL) ecific and cannot be more than five business days pri	or
	REQUIRED SIGNA	ATURE:		
	(In accordar constitutes a I am aware constitutes a	nce with section 608.408( an affirmation under the p that any false information a third degree felony as p	(3), Forida Statutes, the elecution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.)	
	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)