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To: 002220-145643 Division of Corporations Fax Number : (850)617-6383 From: Account Name : CORPDIRECT AGENTS, INC. Account Number: 110450000714 : (850)222-1173 : (850)224-1640 Fax Number **Enter the email address for this business entity to be used for 🛱 annual report mailings. Enter only one email address please. Address: FLORIDA LIMITED LIABILITY CO. CASSADAGA FISH HOUSE, LLC

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T. CLINE

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EXAMINER

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ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	·
Cassadaga Fish House,LLC	
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	Incipal office of the Limited Liability Company is:
Principal Office Address:	Malling Address:
355 Cassadaga Road	1982 State Road 44, Ste 309
Cassadega Fl 32706	New Smyrha Beach, FL 32168
New Smyrna Beach	registered agent are:
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 this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duttes, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Stranure (REQUIRED)

Page 1 of 2

H110000861213

Title: "MGR" = M "MGRM" =	lanager Managing Member	Name and Addre	\$5:	
mgrm		Danny Hunt		
		1982 state road 44 #	309	
		new smyrna beach f	32168	
			<u> </u>	
		<u></u>		
•	ment if necessary)			
LEV: Effective date	rive date, if other than th is listed, the date must	ie date of filing: be specific and cannot b	e more than five	(OPTIONAL) business days prin
LEV: Effective date days after t	rive date, if other than th	te date of filing: be specific and cannot b	e more than five	(OPTIONAL) business days prie
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Page 2 of 2