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SECRETARY OF STATE
SECRETARY SEE, FLORID

J. BRYAN

JUN 2 0 2011

EXAMINER

COVER LETTER

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Division of Co			
SUBJECT: Redfis	sh Management,	L.L.C.	
		ed Liability Company	A Address - Address
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	ter to the following:	_
<u>Elizabeth</u>	Lee Beck	N. CD	11 JUN 17 AMII: 28 SECRETARY OF STATE TALL AHASSEE FLORID
		Name of Person	一点
Redfish N	lanagement, L.L		FRO 3
		Firm/Company	11.2 F1.0
66 W. Fla	gler St. Ste. 1000	•	Ring O
		Address	
Miami FL 3	3130		
		y/State and Zip Code	
elizabeth@t	peckandlee.com	or future annual report notification)	
For further information	concerning this matter, please		
Elizabeth Lee Be	eck	at (305) 968-3426	
Name o	of Person	Area Code & Daytime Telephone Nu	mber
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	_	Certified Copy Certif (additional copy is enclosed) Certif	00 Filing Fee, icate of Status & ied Copy onal copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations 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:

Redfish Management, L.L.C.

(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:

<u> </u>
t's Signature: dividual or another ctive Date 06/13/1/
/ '
he 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)

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

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

"MGRM" = Managing Member		SSA,
MGRM	Jared H. Beck	EE OF
	66 W. Flagler St. Ste. 1000	75
	Miami FL 33130	93
MGRM	Elizabeth Lee Beck	30°
	66 W. Flagler St. Ste. 1000	
	Miami FL 33130	
(Use attachment if necessary)		
	ne date of filing: June 13, 2011 be specific and cannot be more that	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jared H. Beck

Typed or printed name of signee

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)