

L11000112246 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

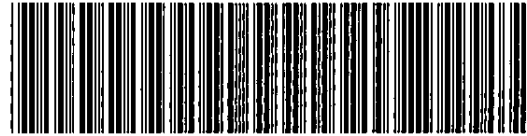
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/29/11--01006--033 **130.00

EFFECTIVE DATE 10-1-11

FILED
11 SEP 29 PM 2:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 30 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOLLY ROGERS II FISHERIES LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES HARRY ZURBRICK
Name of Person

JOLLY ROGERS II FISHERIES LLC
Firm/Company

PO 808
Address

STEINHATCHEE FL 32359
City/State and Zip Code

JIM@JOLLY ROGERS II.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES ZURBRICK at (352) 356-1713
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional 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

SEP 29 11 29 AM '97
TALLAHASSEE, FLORIDA

11 SEP 29 PM 2:45

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOH Y ROGERS II FISHERIES 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:

218 4TH AVE N
STEIN HATCHEE FL
32359

Mailing Address:

PO 808
STEIN HATCHEE
FL 32359

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:

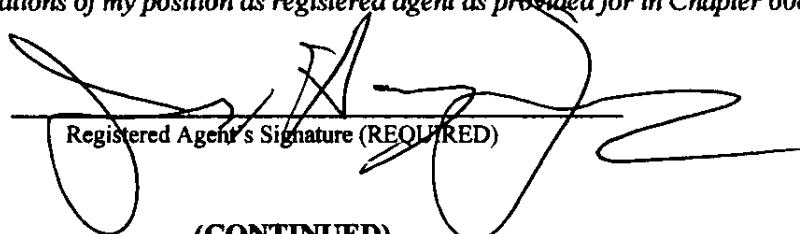
JAMES HARRY ZURBRICK
Name

218 4TH AVE N
Florida street address (P.O. Box **NOT** acceptable)

STEIN HATCHEE FL 32359
City, State, and Zip

FILED
11 SEP 29 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JAMES HARRY ZURBRICK
MAIL-PO 808 STEINHATCHEE FL 32359
Physical- 218 4TH AVE NO.
STEINHATCHEE FL 32359

Member

PATRICIA M ZURBRICK
MAIL-PO 808 STEINHATCHEE FL
PH 218 4TH AVE N 32359
STEINHATCHEE FL 32359

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/1/2011 (OPTIONAL)
(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. 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.)

JAMES HARRY ZURBRICK
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)

SEP 29 PM 2:45
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF STATE