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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	☐ MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	<u> </u>
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SECRETARY OF STATE

T. HAMPTON
DEC 18 2011



COVER LETTER

то:		ion Section of Corporations	Si.
CHIC	ьст. GA	E Holding Compan	v. LLC
SUD	ECI:		ted Liability Company
The e	nclosed Artic	tles of Organization and fee(s) are	submitted for filing.
Pleas	e return all co	orrespondence concerning this ma	tter to the following:
	Kathei	rine L. Alvarez	
	11011101		Name of Person
			Firm/Company
	7850 N	NW South River Driv	e
			Address
	Miami, I	FL 33166	
	11		ty/State and Zip Code
	Kaivarez	z@gammaseafood.com E-mail address: (to be used	for future annual report notification)
For f	urther informa	ation concerning this matter, pleas	se call:
Kat	herine L.	Alvarez	at (305 \ 459-8012
	ì	Name of Person	at (305) 459-8012 Area Code & Daytime Telephone Number
Encl	osed is a che	eck for the following amount:	
\$125.	00 Filing Fe	e \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
GAE Holding Company, LLC	;	
(Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:	
7850 NW South River Drive	7850 NW South River Dri	ve
Miami, FL 33166	Miami, FL 33166	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	egistered Agent. You must designate an in	nt's Signature: ndividual or another
The name and the Florida street address of th	e registered agent are:	
Santiago F. Alvarez		
Nai		
7850 NW South	n River Drive	
	address (P.O. Box NOT acceptable)	i
<u>Miami</u>	_{FL} 33166	
City,	, State, and Zip	
Having been named as registered agent and liability company at the place designated tregistered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accepticity. I further agree to comply to performance of my duties, and	pt the appointment as with the provisions of all I am familiar with and
	gnature (REQUIRED)	FILED 2011 DEC 12 PM SEGRETARY OF TALLAHASSEE. F
(CONT	'INUED)	PM 12:
Page 1	of2	25 7

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Me

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	ber
MGR	Gabriel A. Alvarez
	7850 NW South River Drive
	Miami, FL 33166
	
(Use attachment if necessary	<i>'</i>)
(Use attachment if necessary LEV: Effective date, if othe ffective date is listed, the date days after the date of filing.	r than the date of filing: (OPTION are must be specific and cannot be more than five business date
LE V: Effective date, if othe ffective date is listed, the date days after the date of filing. REQUIRED SIGNATURE	than the date of filing: (OPTION to must be specific and cannot be more than five business date.)
LE V: Effective date, if othe ffective date is listed, the date days after the date of filing. REQUIRED SIGNATURE Signature of	to than the date of filing: (OPTION are must be specific and cannot be more than five business date.)
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Page 2 of 2

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