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D. BRUCE

APR 12 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Off the book fish Jerky 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:
Thomas Morgan Name of Person
Off the hook fish Jerky Firm/Company
3465 Ravlerson Rd
St. Augustine, Fl 32092  City/State and Zip Code  Tom morgan 78 A G-mail. com  E-mail address: (to be used for future annual report notification)
Tom morgan 78 @ G-mail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  Cary Boothe  Name of Person  Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
OFF The Hook Fish JCRKY (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3465 Ravlerson Rd ST. Augustal FC 32092	3465 Ravlergu Rd ST. Augusthe FL 32092
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re	red Agent. You must designate an individual or another registered agent are:
Name	
1200 Winterhawk ? Florida street addr	Deluce Signal And acceptable)
St. Augustine City, Stat	FL 32086 e, 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..

(CONTINUED)

"MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	er
MERM	Thomas Morgan
(Use attachment if necessary)	han the date of filing: (OPTIONAL
LE V: Effective date, if other the	han the date of filing: (OPTIONAL must be specific and cannot be more than five business days
LE V: Effective date, if other the fective date is listed, the date	han the date of filing: (OPTIONAL must be specific and cannot be more than five business days
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:	must be specific and cannot be more than five business days
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:	must be specific and cannot be more than five business days  Mona Mona Mona Market Mar
LE V: Effective date, if other to fective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a  (In accordance with sections an affirmation of a graph of	must be specific and cannot be more than five business days
LE V: Effective date, if other to fective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a  (In accordance with sections an affirmation of a graph of	member or an authorized representative of a member.  Ation 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true; see information submitted in a document to the Department of State.