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(Requesto	or's Name)
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SECRETARY OF STATE
DIVISION OF CORPORATIO

T. HAMPTON

JUN 1 5 2012

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	CT: Finn-Ati	c Fish Co. LLC		
30202		Name of Limit	ed Liability Compa	ny
The enc	losed Articles of	Organization and fee(s) are	submitted for filing	
Please r	eturn all corresp	ondence concerning this matt	ter to the following:	
ı	Eric Finn			
-			Name of Person	
	Finn-Atic Fis	h Co. LLC		
_			Firm/Company	
	146 Via D E	ste Apt. 1011		
			Address	
ַ	elray Beach	, FL 33445		
			y/State and Zip Code	
-	eric.finn@ya	noo.com E-mail address: (to be used f	or future annual repo	rt notification)
For furt	her information	concerning this matter, please	-	,
Eric F	inn		at / 561	789-8316
		of Person	_ at ()	& Daytime Telephone Number
Enclose \$125.00	_	the following amount: \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	y Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Budget 2661 Execution 2661	of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:
Finn-Atic Fish Co. LLC	
(Must end with the words "Limited Lia	bility 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:	Mailing Address:
146 Via D Este Apt. 1011 Delray Beach, FL 33445	146 Via D Este Apt. 1011 Delray Beach, FL 33445
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registeries entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an individual or another
Eric Finn	
Nan	e
146 Via D Este Apt. 101	1
Florida street a	ddress (P.O. Box NOT acceptable)
Delray Beach	FL 33445
City,	State, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and existered agent as provided for in Chapter 608, F.S
-	SECRET ISION OF
(CONTI	NUED) = TATE

SIDE OF COMPANY

Page 1 of 2

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

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

MGRM	Eric Finn 146 Via D Este Apt. 1011 Delray Beach, FL 33445
MGRM .	Lisa Finn 146 Via D Este Apt. 1011 Delray Beach, FL 33445
	
(Use attachment if necessary)	
	ne date of filing: (OPTION be specific and cannot be more than five business d

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.)

Eric Finn
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)