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SECRETARY OF STATE
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B. BOSTICK AUG **21** 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section  Division of Corporations		
SUBJECT: Fish Feen LLC.		
	ed Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this matt	-	
David Sacerio		
David Sacerio	Name of Person	
Fish Feen LLC.		
	Firm/Company	
9433 Sterling Drive		
	Address	
Miami, FL 33157		
	y/State and Zip Code	
info@fishfeen.com		
E-mail address: (to be used f	for future annual report notification)	
For further information concerning this matter, please	e call:	
David Sacerio	at (305 ) 801-6804	
Name of Person	Area Code & Daytime Telephone Number	T
Enclosed is a check for the following amount:	71)	·
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & \$\sqrt{\$160.00 Filing Fee}, \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	J
Mailing Address  Registration Section  Division of Corporations	Street/Courier Address Registration Section Division 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 Con	mpany is:	
Fish Feen LLC.		
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability C	Company is
Principal Office Address:	Mailing Address:	
9433 Sterling Drive Miami, FL 33157	9433 Sterling Drive Miami, FL 33157	
	Registered Office, & Registered Agent's Signate as own Registered Agent. You must designate an individual or and)	
The name and the Florida street addre	ss of the registered agent are:	بے
David Sacerio	F= (6) 2≥30	12 AUG 20
Name		등 <b>"</b>
9433 Sterling Drive		3
Florio	da street address (P.O. Box NOT acceptable)	
Miami	FL 33157	÷
<del></del>	City, State, and Zip	32

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)

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:

MGR	.· .	David Sacerio	
	9433 Sterling Drive		
		Miami, FL 33157	
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(Use attachment if	necessary)		
TEW. Defending de	ta ifathanthantl	he date of filing:	(ODTION)

**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.)

### **David Sacerio**

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)