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(Re	questor's Name)	
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10.1		
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		
Special Instructions to I	Filing Officer:	

Office Use Only



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Effective Date 9/-12

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2012 SEP -4 AM 60 02

J. SAULSBERRY EXAMINER SEP **6** 2012

COVER LETTER

TO: Registration Section Division of Corporation	ons						
_{SUBJECT:} All Seas To	rading LLC.					•	
Sobole in	Name of Limited	Liability Compa	any				
The enclosed Articles of Organi	zation and fee(s) are sub	omitted for filing	3 .				
Please return all correspondence	concerning this matter	to the following	; :				
Andy L. Schn	are						
	Na	ame of Person					
All Seas Tradi	ng-LLC		221				
	Fi	rm/Company					
13435 S. McC	all Dr., # 306						
	,	Address					
Port Charlotte, F	L 33981				72.55 72.55 72.55	2812	
	City/S	tate and Zip Code	;		RE	SEP	i
allseastrading@g	mail.com				SS		Egeneration Egeneration
E-ma	il address: (to be used for t	future annual repo	ort notification)		E O	7	•
For further information concerni	ng this matter, please ca	ıll:			FLO	M & 02	
Andy Schnare	<u>·</u> a	_{t (} 902	275-857	5	AUE.	02	
Name of Person		Area Code	& Daytime Te	elephone Number			
Enclosed is a check for the fo	llowing amount:						
	00 Filing Fee & [ificate of Status	\$155.00 Filin Certified Copy (additional copy	py	\$160.00 Fil Certificate of Certified Co (additional co	of Status	s &	
Regis Divis P.O. I	ng Address tration Section ion of Corporations Box 6327 nassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation wilding coutive Center see, FL 32301	ons r Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited l	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the	he principal office of the Limited Liability	y Company	is:
Principal Office Address:	Mailing Address:		
13435 S. McCall Rd., #306	13435 S. McCall Rd., #306		
Port Charlotte, FL	Port Charlotte, FL		
33981	33981		
Andy L. Schnare N 13435 S. McCa	lame 2306 25	2012 SEP -4 AM 80 SECRETARY OF STAIL	
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)	8	
Port Charlotte	_{FL} 33981	<i>₹</i> 7 7	
Cit	y, State, and Zip		
registered agent and agree to act in this cap statutes relating to the proper and complet	d in this certificate, I hereby accept the app pacity. I further agree to comply with the p	pointment as provisions of iliar with an	r fall

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

Title: "MGR" = Manager "MGRM" = Managing M	Name and Address: ember	
MGRM	Andy L. Schnare 13435 S. McCall Rd., # 306 Port Charlotte, FL 33981	
		
(Use attachment if necess	ary)	
ARTICLE V: Effective date, if ot	ther than the date of filing: 01 September, 2012 (OPTIONAL) late must be specific and cannot be more than five business days pri	or
REQUIRED SIGNATU	SECRETARY FALL AHASSEE	
Signatur	e of a member or an authorized representative of a member.	
(In accordance wi constitutes an affi I am aware that a	ith section 608.408(3), Florida Statutes, the execution of this document irmation under the penalties of perjury that the facts stated herein are true. ny false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.)	[i
Andy	L. Schnare	

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)

Typed or printed name of signee