

L12000147437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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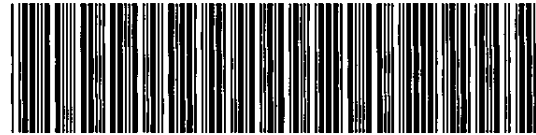
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 NOV 26 PM 12:46  
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 26 2012

EXAMINER

(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Classy Lady Shrimp Company  
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:

Arthur Hollenbeck Jr.  
Name of Person

Classy Lady Shrimp Company, LLC  
Firm/Company

89 Otterslide Road (mailing PO Box 222)  
Address

Eastpoint, FL 32328  
City/State and Zip Code

hollenbeckarthur@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Hollenbeck at 850 734 0306 Hm.  
Name of Person Area Code & Daytime Telephone Number  
850 370 6203 cell

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 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

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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Classy Lady Shrimp Company L.L.C.  
(Must end with the words "Limited Liability 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:

89 Otterslide Road  
Eastpoint, FL  
32328

### Mailing Address:

P.O. Box 222  
Eastpoint, FL  
32328

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Arthur R. Hollenbeck, Jr.  
Name

89 Otterslide Road  
Florida street address (P.O. Box NOT acceptable)  
Eastpoint FL 32328  
City, State, 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..*

Arthur Hollenbeck  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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 Member

**Name and Address:**

MGRM

Arthur Hollenbeck  
PO Box 222, Eastpoint, FL 32328  
89 Otterside Road Eastpoint, FL 32328

MGRM

Patricia Hollenbeck  
PO Box 222 Eastpoint, FL 32328  
89 Otterside Road Eastpoint, FL 32328

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Patricia Hollenbeck

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.)

Patricia Hollenbeck

Typed or printed name of signer

**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)

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12 JUN 06 PM 12:46  
TALLAHASSEE, FLORIDA