

L13000003219

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000004605 3)))



H130000046053ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : RE-MMAP INC
Account Number : I20110000080
Phone : (561)623-0241
Fax Number : (561)953-0089

FILED
13 JAN -7 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INFO@RE-MMAP.COM

RECEIVED
13 JAN -7 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
EL PAJAL SEAFOOD PRODUCTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

JAN -8 2013

8 KOHR

FAX**Date:** 1/7/2013**Pages including cover sheet:**

8

To:	
Phone	
Fax Number	+1 (850) 617-6383

From:	Sylvia Rosales
	Re-Mmap INC
	4500 Belvedere Rd
	West Palm Beach
	FL 33415
Phone	(561) 227-9647 * 102
Fax Number	(561) 227-9647

NOTE:

TO: DIVISION OF CORPORATIONS
FROM: RE-MMAP INC.

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **EL PAJAL SEAFOOD PRODUCTS LLC**
Name of Limited Liability Company

FILED
16 JAN -7 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HUBERT McINTOSH

Name of Person

RE-MMAP INC.

Firm/Company

4500 BELVEDERE ROAD, SUITE A-3

Address

WEST PALM BEACH, FL 33415

City/State and Zip Code

INFO@RE-MMAP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HUBERT McINTOSH

Name of Person

at **561 623-0241**

Area Code & Daytime Telephone Number

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

EL PAJAL SEAFOOD PRODUCTS LLC

(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:10865 S.W. 112 Ave.Apt 101Miami, FL 33176**Mailing Address:**10865 S.W. 112 Ave.Apt 101Miami, FL 33176**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:

RE-MMAP INC.

Name

4500 BELVEDERE ROAD, SUITE A-3Florida street address (P.O. Box **NOT** acceptable)WEST PALM BEACH FL 33415

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..

*Robert McInosh***CFO**

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

DIEGO ANGEL

12340 Griffing Blvd.

Miami, FL 33161

MGRM

JUDY ANGEL

10865 S.W. 112 Ave, Apt 101

Miami, FL 33176

(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:

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.)

Sylvia Rosales

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)