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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: RE-MMAP INC

Account Number : I20110000080

Phone

: (561)623-0241

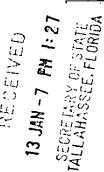
Fax Number

: (561)953-0089

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



FLORIDA LIMITED LIABILITY CO. EL PAJAL SEAFOOD PRODUCTS LLC

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

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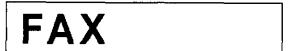
JAN =8 2013

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To:

Fax: +1 (850) 617-6383

Page 1 of 8 1/7/2013 12:15



Date: 1/7/2013

Pages including cover sheet:

O.Y.

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

From:	Sylvia R	osales
	Re-Mma	p INC
	4500 Be	lvedere Rd
,	West Pa	lm Beach
	FL	33415
Phone	(561) 22	7-9647 * 102
Fax Number	(561) 22	7-9647

NOTE:

TO: DIVISION OF CORPORATIONS

FROM: RE-MMAP INC.

From: Sylvia Rosales

Fax: (561) 227-9847

To:

Fax: +1 (850) 617-6383

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(850) 245-6051.

COVER LETTER

TO:

Registration Section Division of Corporations

EL PAJAL SEAFOOD PRODUCTS LLC

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:

HUBERT McINTOSH
Name of Person
RE-MMAP INC.
Finn/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	_{at} 561	623-0241
Name of Person	Area Code	& Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$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

OMPA TO SERVICE SERVIC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

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.")

Principal Office Address:	Mailing Address:
10865 S.W. 112 Ave.	10865 S.W. 112 Ave.
Apt 101	Apt 101
Miami, FL 33176	Miami, FL 33176
The name and the Florida street addres	s of the registered agent are:
RE-INIMAL INC.	Name
4500 BELVEDERE ROA	AD, SUITE A-3
Florida	a street address (P.O. Box <u>NOT</u> acceptable)
WEST PALM BE	ACH _{FL} 33415
	City, State, and Zip
	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as

(CONTINUED)

Page 1 of 2

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

To:

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Membe	r
MGRM	DIEGO ANGEL
	12340 Griffing Blvd.
	Miami, FL 33161
MGRM	JUDY ANGEL
	10865 S.W. 112 Ave, Apt 101
	Mlami, FL 33176
(Use attachment if necessary)	
CLE V: Effective date, if other the	e must be specific and cannot be more than five business
CLE V: Effective date, if other the effective date is listed, the date of or 90 days after the date of file REQUIRED SIGNATURE:	e must be specific and cannot be more than five business ling.) Sural Rosalts
CLE V: Effective date, if other the effective date is listed, the date of or 90 days after the date of file REQUIRED SIGNATURE:	
CLE V: Effective date, if other the effective date is listed, the date of or 90 days after the date of file REQUIRED SIGNATURE: Signature of a (In accordance with sections an affirmation of a days after the date of file and a days after the date of file and a days after the date of file a days after the date of f	e must be specific and cannot be more than five business ling.) Sural Rosalts
CLE V: Effective date, if other the effective date is listed, the date of or 90 days after the date of file REQUIRED SIGNATURE: Signature of a (In accordance with sections an affirmation of a days after the date of file and a days after the date of file and a days after the date of file a days after the date of f	e must be specific and cannot be more than five business ling.) Sycha Rosales member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true is information submitted in a document to the Department of State be felony as provided for in s.817.155, F.S.)

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)