

# L13000069978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

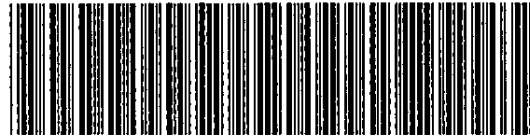
(Document Number)

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Special Instructions to Filing Officer:

CORRECTION TO DOC PER  
CONVERSATION WITH  
JAMES HOFFMAN 5/13/13 KS

Office Use Only



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04/26/13--01003--006 \*\*160.00

FILED  
13 MAY 10 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

MAY 13 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 30, 2013

JAMES E HOFFMAN  
324 LOCH LOMOND AVE.  
LONGWOOD, FL 32750

SUBJECT: CRUSTACEAN NATION LLC  
Ref. Number: W13000025264

We have received your document for CRUSTACEAN NATION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is T13000000305 "CRUSTACEAN NATION".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 513A00010342

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Crustacean Nation**

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:

**James E. Hoffman**

Name of Person

**Crustacean Nation**

Firm/Company

**324 Loch Lomond Ave.**

Address

**Longwood, FL 32750**

City/State and Zip Code

**jllj20072000@yahoo.com**

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

For further information concerning this matter, please call:

**James E. Hoffman**

Name of Person

at ( **407** ) **782-7953**

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

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13 MAY 10 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
5/8/2013

Attn: Karen A. Saly,

This letter is to verify that I, James E. Hoffman am the  
sole owner of the trademark for CRUSTACEAN NATION with the  
document number of T13000000305. PLEASE USE THE NAME  
FOR THE LLC FILING.

Thank you,

James E. Hoffman  
James E. Hoffman

324 Loch Lomond Ave.

Longwood, FL 32750

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Crustacean Nation 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:

324 Loch Lomond Ave.

Longwood, Fl 32750

### Mailing Address:

324 Loch Lomond Ave.

Longwood, Fl 32750

## 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:

James E. Hoffman

Name

324 Loch Lomond Ave.

Florida street address (P.O. Box NOT acceptable)

Longwood

FL

32750

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*

James E. Hoffman  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGRM" = Managing Member

Longwood, Fl 32750

Casselberry, Fl 32707

Longwood, FL 32750

(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.)

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.)

Typed or printed name of signee

**\$ 5.00 Certificate of Status (Optional)**