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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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K.SALY EXAMINER JUL 30 2013 **(**850) 245-6051.

COVER LETTER

| TO: Registrati Division o | on Section f Corporations | | |
|------------------------------|---|---|--|
| SUBJECT: | R & J Fisher | ed Liability Company | |
| The enclosed Articl | es of Organization and fee(s) are | submitted for filing. | |
| Please return all cor | respondence concerning this matt | er to the following: | |
| | Justin | Guzman Name of Person | ARRAMAN AND AND AND AND AND AND AND AND AND A |
| | | Name of Person | |
| | REJ | Fisheries, LL | <u> </u> |
| | | Firm/Company | |
| | 9420 | SW 106 AV | E |
| | | | |
| | Mian | i Fl 3317 | 76 |
| | Cit | y/State and Zip Code | _ |
| | E-mail address: (to be used to | y/State and Zip Code in QUZ man 590 for future annual report notification) | 6 @gmail. com |
| For further informat | ion concerning this matter, please | | |
| Ang (| Buzman | at (305) 670- | 7700 |
| N: | ime of Person | Area Code & Daytime Telep | hone Number |
| Enclosed is a chec | k for the following amount: | | |
| 125.00 Filing Fo | e □\$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 C | ircle |

Tallahassee, FL 32301

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 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: Mailing Address: |
| 9420 SW 106 AVE Same Miami, Pl 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: Teffrey E. Feiler, P.A. Name 7685 SW 1045+ Ste 200 Florida street address (P.O. Box NOT acceptable) Miani, FL 33156 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 Registered Agent's Signature (REQUIRED) |
| (CONTINUED) |

Page 1 of 2

| ARTICLE | IV- | Manageri | s) or | Managing | Membere | (2) | • |
|---------|-------|-----------|-------|----------|-------------|------|---|
| ARTICLE | 1 4 - | wanager (| 3) 01 | managing | Tricinioe (| . 37 | • |

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

| "MGR" = Manager | Name and Address: |
|---|--|
| "MGRM" = Managing Mem | ber |
| MGR | Justin Guzman |
| | 9420 SW 106 AUE |
| | Miczni Fl 33176 |
| MGR. | Robert Householder |
| | 327 Windley Rd Key FL |
| | 33037 |
| | |
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| (Use attachment if necessary | v) |
| (Ose attachment if necessary | , |
| • | |
| CLE V: Effective date, if other | er than the date of filing: (OPTIONAl late must be specific and cannot be more than five busine |
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| CLE V: Effective date, if other effective date is listed, the dot or 90 days after the date of REQUIRED SIGNATURE | er than the date of filing: (OPTIONAl late must be specific and cannot be more than five busine filing.) |
| CLE V: Effective date, if other effective date is listed, the do or 90 days after the date of REQUIRED SIGNATURE Signature of | r than the date of filing: (OPTIONAlate must be specific and cannot be more than five busine filing.) |
| CLE V: Effective date, if other effective date is listed, the do or 90 days after the date of EROUIRED SIGNATURE Signature of the description of the effective date. | rethan the date of filing: (OPTIONAl late must be specific and cannot be more than five busine filing.) A member or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution of this document |
| CLE V: Effective date, if other effective date is listed, the do or 90 days after the date of EROUIRED SIGNATURE Signature of the constitutes an affirm I am aware that any | r than the date of filing: (OPTIONAl date must be specific and cannot be more than five business filing.) |

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)