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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MAINELY SEAFOOD, LLC Name of L	imited Liability Company		
The enclosed Articles of Organization and fee(s)	are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
MARY E TRASK, ESQ.			
MANUEL TIMON, EGG.	Name of Person		_
TDACKLAW			
TRASK LAW	Firm/Company		_
		75 z	2014
16500 Burnt Store Road			
	Address	<u>年</u> 1.	⊕ #
Punta Gorda, Florida 33955		325 735	12
	City/State and Zip Code	يد. الد. د الدا	-P.
metesq@yahoo.com			<u>ب</u> ﴿
E-mail address: (to be us	sed for future annual report notification)		2: 43
For further information concerning this matter, pl	lease call:	-	
Mary E. Trask, Esq at (941) 916-4082		
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
□ \$125.00 Filing Fee	□\$155.00 Filing Fee & □\$160.00 Filing Fee & Certificate of Certificate of Certificate of Certified Contact of Cer	of Status o	
Mailing Address	Street/Courier Address		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Con	mpany is:				
MAINELY SEAFOOD, LLC (Must end with t	the words "Limited I	Liability Company, "L.L.C.," or "LLC.			
ARTICLE II - Address: The mailing address and street addres	s of the principal off	ice of the Limited Liability Company i	s:		
Principal Office Address:	•	Mailing Address:			
16500 Burnt Store Road Unit 101 B		16500 Burnt Store Road Unit 101B			
Punta Gorda, Florida 33955		Punta Gorda, Florida 33955			
ARTICLE III - Registered Agent, R (The Limited Liability Company cann another business entity with an active The name and the Florida street addre	ot serve as its own R Florida registration.	degistered Agent. You must designate a	an Individ	dual or	
Steven Matte			3> 3	7.	Ī
	Name			£E8	Livrage and
_16500 Burnt	Store Road, Unit	1 <u>01B</u>	(0-	2	Francis
	t address (P.O. Box)		ران ساری	PH	T
Punta Gorda		FL 33955	35 X	$\ddot{\mathcal{S}}$	L'AN ENGE
	City	Zip		43	
the place designated in this certific capacity. I further agree to comply s of my duties, and I am familiar with	cate, I hereby accept with the provisions of h and accept the oblig	vice of process for the above stated limit the appointment as registered agent and f all statutes relating to the proper and o gations of my position as registered age or 605, F.S	d agree te complete	ty com o act in perfori	this mance

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	0
MGR	Steven Mattesich
	4207 SW 10th Avenue Cape Coral, FL 33914
	Cape Corai, 1 L 33914
(Use attachment if necessary)	
ffective date is listed, the date must	e date of filing:
LE V: Effective date, if other than the ffective date is listed, the date must e of filing.) LE VI: Other provisions, if any, and all lawful business for which line.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days at a little distribution of the state
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