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ECRETARY OF STAFE

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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJI	ECT: Popeye Enterprises LLC Name of Lin	mited Liability Company
	closed Articles of Organization and fee(s) a	
Please	return all correspondence concerning this m	natter to the following:
	J. R. Fogarty	Name of Person
	J. R. Fogarty	Firm/Company
	100 Grinnell Street	Address
	Key West FL 33040	City/State and Zip Code
jr	©taxiasap.net E-mail address: (to be use	d for future annual report notification)
For fur	ther information concerning this matter, ple	ase call:
JRF	ogarty at (at (at (at (305) 712-0111 Area Code Daytime Telephone Number
_	ed is a check for the following amount: 00 Filing Fec \$\overline{\subset}\$	□\$155.00 Filing Fee & □\$160.00 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

The name of the Limited Liability Company is:		
Popeye Enterprises LLC (Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LL	.C.")
ARTICLE II - Address:		
The mailing address and street address of the principa	al office of the Limited Liability Compar	ny is:
Principal Office Address:	Mailing Address:	
100 Grinnell Street	100 Grinnell Street	
Ky West FL 33040	Key West FL 33040	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida registra	wn Registered Agent. You must designa	te an individual or
(The Limited Liability Company cannot serve as its o	own Registered Agent. You must designa ation.)	26 2
(The Limited Liability Company cannot serve as its o another business entity with an active Florida registra.) The name and the Florida street address of the registe. J R Fogarty	own Registered Agent. You must designa ation.) ered agent are:	2014 IM
(The Limited Liability Company cannot serve as its o another business entity with an active Florida registra.) The name and the Florida street address of the registe. J R Fogarty	own Registered Agent. You must designa ation.)	2014 IM
(The Limited Liability Company cannot serve as its o another business entity with an active Florida registra.) The name and the Florida street address of the registe. J R Fogarty	own Registered Agent. You must designa ation.) ered agent are:	MILMANY 19 STIGHT IARY C
(The Limited Liability Company cannot serve as its o another business entity with an active Florida registra The name and the Florida street address of the registe J R Fogarty Na	own Registered Agent. You must designation.) ered agent are: ame	MILMANY 19 STIGHT IARY C
(The Limited Liability Company cannot serve as its o another business entity with an active Florida registra The name and the Florida street address of the registe JR Fogarty Na 100 Grinnell Street	own Registered Agent. You must designation.) ered agent are: ame	2014 IM

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 605, F.S..

(CONTINUED)

Page 1 of 2

<u> Title:</u>	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	John D. Cameron
	100 Grinnell Street
	Key West FL 33040
AMBR	J R Fogarty
	100 Grinnell Street
	Key West FL 33040
The attachment if necessary)	
(Use attachment if necessary) EV: Effective date, if other than the dat ctive date is listed, the date must be so f filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the dat ctive date is listed, the date must be s	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
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E V: Effective date, if other than the date ctive date is listed, the date must be so filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the date must be so filling.)	epher or an authorized representative of a member.
E V: Effective date, if other than the date ctive date is listed, the date must be so filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: (In accordance with section 6 constitutes an affirmation und	einber or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ctive date is listed, the date must be so filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: (In accordance with section 6 constitutes an affirmation und I am aware that any false info	cenber or an authorized representative of a member. 95.0203 (1) (b), Florida Statutes, the execution of this document for the penaltics of perjury that the facts stated herein are true.
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ARTICLE IV-