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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

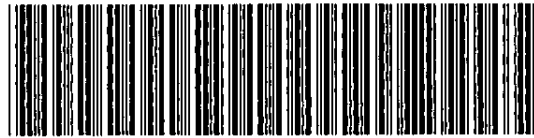
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Seefood Xpress, "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:

Michelle Manuele & Megan Brooke Harris  
Name of Person

Seefood Xpress, "LLC."  
Firm/Company

2790-4 West Tennessee Street.  
Address

Tallahassee, FL, 32304  
City/State and Zip Code

mrsal@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Manuele at ( 850 ) 850-661-0223  
Name of Person 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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TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Seefood Xpress, "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:

Mailing Address:

2790-4 West Tennessee Street.  
Tallahassee, FL 32304

4819 Kerry Forest Parkway  
Tallahassee, FL 32309

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:

Salvatore Manuele

Name

4819 Kerry Forest Parkway

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

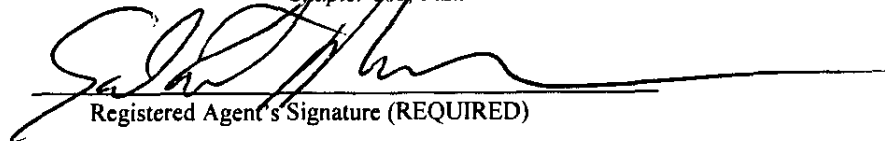
Tallahassee

City

FL 32309

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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE OF FLORIDA  
TALLAHASSEE, FL 32309

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

"AMBR" \_\_\_\_\_

"AMBR" \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Michelle Manuele

1644 Eagles Watch Way

Tallahassee, FL 32312

Megan Brooke Harris

1830 Portland Avenue

Tallahassee, FL 32303

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

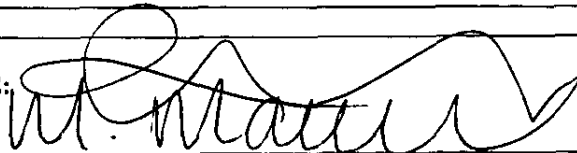
**ARTICLE V:** Effective date, if other than the date of filing: June 13, 2014 (OPTIONAL)

(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.)

**ARTICLE VI:** Other provisions, if any.

SEE ATTACHMENT

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Michelle Manuele

Typed or printed name of signee

**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)

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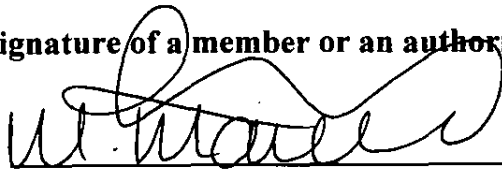
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## ATTACHMENT FOR

### Seefood Xpress, "LLC."

The Authorized Member(s) ( "AMBR" ) shall have full Authority to enter into any Binding Legal Contract or Contracts that are deemed to be necessary to operate The Limited Liability Company; including but not limited to, opening and/or maintaining a Bank or Savings Account, sign and duly execute any bonds, and deal in any/and all kinds of articles and things which may be required for the purposes of The Limited Liability Company.

Signature of a member or an authorized representative of a member.

  
MICHELLE MANUELE

6/13/14

SEEFood Xpress  
MEMBER OFFICE

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APPROVED  
6/13/14