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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

J. Sitters DEC 0 9 2014

COVER LETTER.

| TO: Registration Section Division of Corporations |
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| SUBJECT: LOW KEY FISHERIES 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: |
| Cory L. SPEICKER Name of Person |
| Name of Person |
| LOW KEY ETSHERIES, LLC |
| LOW KEY FISHERIES, LLC Firm/Company |
| 22500 OVERSEAS HIGHWAY |
| Address |
| CUDJOE KEY, FL 33042 City/State and Zip Code |
| |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Cony L. Spetckett at (772) 342.8712 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 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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| ARTICLES OF ORGANIZATION F | FOR FLORIDA LIMITED LIABILITY COMPANY |
| ARTICLE 1 - Name: The name of the Limited Liability Company is: | |
| LOW KEY FISHE | RTES LLC nited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the princip | |
| Principal Office Address: | Mailing Address: |
| 22500 OVERSERS HWY Cudjoe Key, FL 33042 | 22500 Overseas HWY Cudjec Key, FL 33042 |
| another business entity with an active Florida regist. The name and the Florida street address of the regist. Long L. S | |
| Cudjoe Key City | Erseas Hwy Box NOT acceptable) FL 33042 Zip |
| Cudioe Key City Having been named as registered agent and to accepthe place designated in this certificate, I hereby a capacity. I further agree to comply with the provision | FL 33042— Zip pt service of process for the above stated limited liability comparance the appointment as registered agent and agree to act in this ions of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for its process. |

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | 0-41 11 |
| <u>"M6 R" </u> | Cory L. Speicker 22500 Oversegs Hwy Cudjoe Key, FL 33042 |
| | 22500 Overseas Hwy |
| | Cudjoe Key, FL 33042 |
| "MGR" | 6 -1 500° 11 |
| <u> </u> | 2017 F. Spelan |
| | Scott L. Speicker 27991 Coral Shores Drive Little Torch Key, FL 33042 |
| | Little Torch Key, FC 33042 |
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| (Use attachment if necessary) EV: Effective date, if other than the d | late of filing: Nov 25, 2014 (OPTIONAL) |
| E V: Effective date, if other than the dective date is listed, the date must be | ate of filing: Nov 25, 2014 (OPTIONAL) specific and cannot be more than five business days prior to or 90 |
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