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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

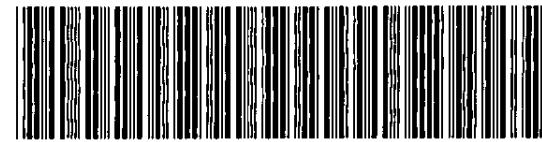
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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15 APR 17 PM 12:07

FOR ATTACHMENT  
TO APPLICATION  
FOR REGISTRATION  
SUFFICIENCY OF FILING

FILED

15 APR 17 AM 10:51  
REGISTRATION  
SUFFICIENCY OF FILING

APR 20 2015  
S. YOUNG

**CT Corporation System**

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

**SOUTHERN SEAFOOD SOLUTIONS, LLC**

Nonprofit

Domestic Corporation

Limited Partnership

LLC

**Formation**

Certified Copy

Walk In

Mail Out

Amendment

Dissolution/Withdrawal

Reinstatement

Annual Report

Name Registration

Fictitious Name

Photocopies

Will Wait

Merger

Mark

Other

CUS

After 4:30

Pick Up

Name

Availability \_\_\_\_\_

4/17/2015

Document

Examiner \_\_\_\_\_

**KM**

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Order#

**9518967**

Ref#:

Amount: \$

APR 17  
FILED

**CT Corporation System**

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

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Name \_\_\_\_\_

Availability \_\_\_\_\_

4/17/2015

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Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Merger

Mark

Other

CUS

After 4:30

Pick Up

**Order#**

**9518967**

Ref#:

Amount: \$

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is: SOUTHERN SEAFOOD SOLUTIONS, LLC

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 3343 S. Westshore Blvd., Tampa, FL 33629

**ARTICLE III  
EFFECTIVE DATE**

The Limited Liability Company shall be effective upon filing.

**ARTICLE IV  
REGISTERED AGENT, REGISTERED OFFICE,  
AND RESIDENT AGENT'S SIGNATURE**

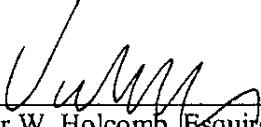
The name and the Florida street address of the registered agent are Victor W. Holcomb, 3203 W. Cypress St., Tampa, Florida 33607.

**ARTICLE V  
MANAGER**

The name and address of the Manager is:

Susan Micek  
3343 S. Westshore Blvd.  
Tampa, FL 33629

*Having been named as registered agent and to accept service of process for the above-named 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 provision 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.*

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire

15 APR 17 2005  
FILED  
CLERK'S OFFICE  
CITY OF TAMPA  
FLORIDA

IN WITNESS WHEREOF, the undersigned representative hereby acknowledges that, in accordance with Section 605.0201, Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
Victor W. Holcomb, Esquire

FILED  
15 APR 17 2005  
CLERK OF THE STATE  
FLORIDA