15000010565

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

APR 2 2 2015 T. SCOTT



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04/01/15--01020--004 **130.00



COVER LETTER

	tion Section of Corporations		
SUBJECT: Fish	n Haven Services Name of Li	mited Liability Company	······
	cles of Organization and fee(s) a	_	
	orrespondence concerning this n	natter to the following:	
<u></u>		Name of Person	
<u>Fish I</u>	Haven Services	F' /0	
		Firm/Company	
<u>3216</u>	Lakeshore Drive	Address	
		1 144.744.0	
<u>Talla</u> h	nassee, Florida 32312	City/State and Zip Code	
fishhaven07	@gmail.com E-mail address: (to be use	d for future annual report notific	cation)
For further informa	ation concerning this matter, ple	ase call:	
William M Hom	at (850) 566-6176	
ו	Name of Person	Area Code Daytime To	elephone Number
Enclosed is a check	k for the following amount:		
□ \$125.00 Filing Fee	e ☑\$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	Street/Courier Add	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>Fish Haven Services L</u>		
(Mu	ist end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
he mailing address and	street address of the princip	al office of the Limited Liability Company is:
rincipal Office Addres	<u>s:</u>	Mailing Address:
3216 Lakeshore Drive		3216 Lakeshore Drive
Tallahassee, Florida 3 ARTICLE III - Register The Limited Liability Co	2312 red Agent, Registered Offi	Tallahassee, Florida 32312 ce, & Registered Agent's Signature: own Registered Agent. You must designate an indivi
ARTICLE III - Register The Limited Liability Conother business entity we're name and the Florida	red Agent, Registered Officer of the registration of the registration of the registration of the registration of the registration.	Tallahassee, Florida 32312 ce, & Registered Agent's Signature: own Registered Agent. You must designate an indiviation.)
ARTICLE III - Register The Limited Liability Conother business entity we're name and the Florida	red Agent, Registered Officer of the registration of the registrat	Tallahassee, Florida 32312 ce, & Registered Agent's Signature: own Registered Agent. You must designate an indiviation.)
ARTICLE III - Register The Limited Liability Conother business entity we're name and the Florida	red Agent, Registered Officer of the period of the registration of	Tallahassee, Florida 32312 ce, & Registered Agent's Signature: own Registered Agent. You must designate an indiviation.) ered agent are:
ARTICLE III - Register The Limited Liability Conother business entity we're name and the Florida Y	red Agent, Registered Officer of the registration of the registrat	Tallahassee, Florida 32312 ce, & Registered Agent's Signature: own Registered Agent. You must designate an indiviation.) ered agent are:
Tallahassee, Florida 3: ARTICLE III - Register The Limited Liability Conother business entity we're name and the Florida Y 3	red Agent, Registered Officer of the registration of the registrat	Tallahassee, Florida 32312 ce, & Registered Agent's Signature: own Registered Agent. You must designate an indiviation.) ered agent are:

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)

Page 1 of 2

<u>`itle:</u>	Name and Address:
AMBR" = Authorized Mem	
MGR" = Manager	
MBR	William M Horn
	3216 Lakeshore Drive
	Tallahassee, Florida 32312
V: Effective date, if other titve date is listed, the date	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 9
V: Effective date, if other tive date is listed, the date filing.) VI: Other provisions, if any	nust be specific and cannot be more than five business days prior to or 9
tive date is listed, the date filing.) VI: Other provisions, if any FOURED SIGNATURE	nust be specific and cannot be more than five business days prior to or 9
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V: Effective date, if other tive date is listed, the date filing.) VI: Other provisions, if any EQUIRED SIGNATURE Signate (In accordance with constitutes an affire	re of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true.
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Page 2 of 2