LI5000)75219

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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10/09/15--01019--001 **185.00

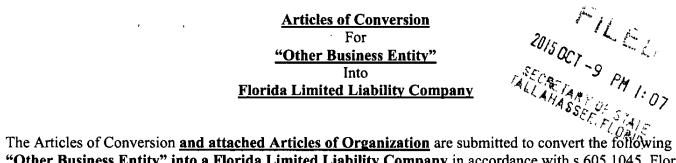
2015 OCT -9 PH 1: 07

COVER LETTER

TO: Registratio Division of	n Section f Corporations		
SUBJECT: GAF	CIA SEFOOD LLC		
	(Name	of Resulting Florida L	mited Company)
	-	-	, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all co	orrespondence concernin	g this matter to:	
YOANDY GARCIA			
	(Contact Person)		
GARCIA SEAFOOD	INC		
	(Firm/Company)	•	
192 CRESCENT LAI	KE DR APT B		
	(Address)		
NORTH FORT MYE	RS FL 33917		
	(City, State and Zip Code)		
E-mail Address: (1	o be used for future annual re	port notifications)	
For further inform	ation concerning this ma	tter, please call:	
YOANDY GARCIA		_at $(\frac{239}{})^2$	214438
(Name of Co	ontact Person)		(Daytime Telephone Number)
Enclosed is a chec	k for the following amou	ınt:	
\$150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization)	es \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ and Certificate of Status	□\$180.00 Filing Fe and Certified Copy	Certified Copy, and Certificate of Status
STREET ADDRI			G ADDRESS:
Registration Section		_	on Section
Division of Corpor Clifton Building	rations	Division P. O. Box	of Corporations
2661 Executive Co	enter Circle		ee, FL 32314

INHS11 (06/15)

Tallahassee, FL 32301



"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

	Enter Name of Other Business Entity)
2. The "Other Business Entity" i	CORPORATION .
·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorp	orated under the laws of FLORIDA
08/11/2015	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or	incorporation)
3. The name of the Florida Limi	ted Liability Company as set forth in the attached Articles of Organization:
(Enter Na	ne of Florida Limited Liability Company)
(The effective date: 1) cannot l	filing, enter the effective date: De prior to date of receipt or filed date nor more than 90 days after the he Florida Department of State; <u>AND</u> 2) must be the same as the effective
date listed in the attached Artic	cles of Organization, if an effective date is listed therein.) does not meet the applicable statutory filing requirements, this date will not be listed as the tement of State's records.

Page 1 of 2

Signed this 24TH day of SEPTEMBER	20_15
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: YOANDY GARCIA	
Signature of Authorized Representative:	THE OWNER
Printed Name: YOANDY GARCIA	Title: OWNER
Signature(s) on behalf of Other Business Entity: Signature:	[See below for required signature(s)]
Printed Name: YOANDY GARCIA	Title: PRESIDENT
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Cimaton.	
Signature:	Trial
Printed Name:	little:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ter Doute ouching
Signature of one General Partner.	ty rartnersmp:
Signature of one ocheral farther.	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
A 11 - 41	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa	any is:
	any is:
GARCIA SEAFOOD LLC	
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
192 CRESCENT LAKE DR APT B	192 CRESCENT LAKE DR APT B
NORTH FORT MYERS FL 33917	NORTH FORT MYERS FL 33917
	<u> </u>
The name and the Florida street address of YOANDY GARCIA	of the registered agent are.
	Name
102 CDECCENT LAVE	
192 CRESCENT LAKE	DR APT B
Florida street addres	DR APT B ss (P.O. Box <u>NOT</u> acceptable)
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)
Florida street addres FORT MYERS City	FL 33917 Zip
Florida street addres FORT MYERS City Having been named as registered agent	ss (P.O. Box <u>NOT</u> acceptable) FL 33917 Zip t and to accept service of process for the above stated limit
Florida street addres FORT MYERS City Having been named as registered agent liability company at the place design	ss (P.O. Box <u>NOT</u> acceptable) FL 33917 Zip t and to accept service of process for the above stated limitated in this certificate, I hereby accept the appointment as
Florida street addres FORT MYERS City Having been named as registered agent liability company at the place design registered agent and agree to act in this	FL 33917 Zip t and to accept service of process for the above stated l.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> 'AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	YOANDY GARCIA
	192 CRESCENT LAKE DR APT B
	NORTH FORT MYERS FL 33917
AMBR	ERVIN TORRES
	3005 JOAN AVE S
	LEHIGH ACRES FL 33976
·	
·	
	
(Use attachment if necessary)	

to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

YOANDY GARCIA

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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