## L15000179473

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| . (Ac                   | ddress)            |           |
| (Ac                     | ddress)            | <u>-</u>  |
| (Cir                    | ty/State/Zip/Phone | ÷#)       |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | isiness Entity Nam | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | Certificates       | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
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Office Use Only



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SECRETARY OF STATE

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## COVER LETTER

TO:

Registration Section

| Div                    | ision of Corporations  |                    |   |  |
|------------------------|--|--------------------|---|--|
| SUBJECT:               | Woody's Smoked Fish Dip  |                    |   |  |
| SUBJECT:               | Name of  | Limited Liabil     | ity Company   |  |
| The enclosed           | d Articles of Organization and fee(s   | s) are submitted   | for filing.   |  |
| Please return          | n all correspondence concerning thi  | s matter to the f  | following:  |  |
| 1                      | Matthew Woodbury   |                    |   |  |
| -                      |  | Name of            | Person  |  |
| 1                      | Woody's Smoked Fish Dip  |                    |   |  |
| -                      |  | Firm/Co            | mpany   | · · · · · · · · · · · · · · · · · · ·  |
|                        | 1700 NW 15th ave, Suite #350   |                    |   |  |
| _                      |  | Addr               | ess   | ·  |
| 1                      | Pompano Beach, FL 33069  |                    |   |  |
| w                      | oodyssmokedfishdip@gmail.co  | City/State an<br>m | d Zip Code  |  |
|                        | E-mail address: (to be o   | ised for future a  | mnual report notificati   | on)  |
| For further inf        | formation concerning this matter, p  | lease call:        |   |  |
| N                      | Matthew Woodbury   | 941                | 3234686   |  |
| _                      | Name of Person   | Area Code          | Daytime Telephone   | Number   |
| Enclosed is            | a check for the following amount:  |                    |   |  |
| <b>]\$</b> 125.00 Fili | ing Fee \$130.00 Filing Fee & Certificate of Status  |                    | 00 Filing Fee & cd Copy al copy is enclosed)  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                        | Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327  Tallahassee, FL 32314 |                    | Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Cente |  |

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - | N2 | me: |  |
|-------------|----|-----|--|
|-------------|----|-----|--|

The name of the Limited Liability Company is:

Woody's Smoked Fish Dip LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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MELAHASSEE, FLORIS,

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address:    | Mailing Address:             |
|------------------------------|------------------------------|
| M&M Woodbury                 | M&M Woodbury                 |
| 1700.NW 15th ave, Suite #350 | 1700 NW 15th ave. Suite #350 |
| Pompano Beach, FL 33069      | Pompano Beach, FL 33069      |

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:

|                        | Name                       |            |
|------------------------|----------------------------|------------|
|                        | Name                       |            |
| 1700 NW 15th Ave, Suit | te #350                    |            |
| Florida street addres  | ss (P.O. Box <u>NOT</u> ac | cceptable) |
| Ротрало Веасћ          | FL                         | 33069      |
| City                   | State                      | 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)

Page 1 of 2

| <u> Fitle:</u>  | Name and Address:  |
|---|--|
| 'AMBR" = Authorized Member  |  |
| MGR" = Manager  | Matthew Meadhun  |
| AMBR  | Matthew Woodbury 1700 NW 15th Ave, Suite #350  |
|   | Pompano Beach, FL 33069  |
|   |  |
| AMBR  | Mark Woodbury  |
|   | 1700 NW 15th Ave, Suite #350   |
|   | Pompano Beach, FL 33069  |
|   |  |
| <del> </del>  |  |
|   |  |
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|   | <u>.,,</u>   |
|   |  |
|   |  |
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