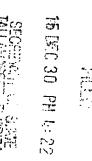
15000313411

(Requestor's Name)
(Address)
(Address)
(0) 10: 17: 10: 10
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly (Valle)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600280483656



12/31/15--01004--008 **125.00

DEPARTMENT OF STATE

(M) (1/3)

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Pescados Place 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:		
Grize + Marrero Name of Person		
Pescados Place LLC Firm/Company		
8064 Red Eagle Dr		
Tallahacsee FL 323/2_City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Grizelt Marreroat (850) 345-5986 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 155.00 Filing Fee & \text{Certified Copy} & \text{Certificate of Status & Certified Copy} & \text{Certified Copy} & \text		
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations		

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	•
Pescado's Place	e LLC
(Must end with the words "Limited Liability Compa	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limi	ited Liability Company is:
Principal Office Address:	Mailing Address:
2809 Sharer Rd	Same

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:

ARTICLE I - Name:

Grizes + Marrero

Name

8064 Red Eagle Dr

Florida street address (P.O. Box NOT acceptable)

Tallaha 55 @ Ph 32312

City State . Zip

Having been named as registered agent and to accept service of process for up 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 fimiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Page 1 of 2

I he name and address of each person auth	orized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manage	Name and Address: Grizelt Marrero 8064 Red Eagle Dr Tallahassee FN 35312
	PAR D
(Use attachment if necessary)	
the date of filing.)	eific and cannot be more than five business days prior to or 90 days after set the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if say.	•
This document is execute I am aware that any false i	nber or an authorized representative of a member. id in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5:00 Certificate of Status (Optional)

ARTICLE IV-

Page 2 of 2