

# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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((H16000034902 3)))



H160000349023ABCZ

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO. QUIET WATERS SEAFOOD, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$155.00

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FEB 2 2016

S. GILBERT

TRANSMISSION VERIFICATION REPORT

TIME : 02/11/2016 16:27  
 NAME : CORP USA  
 FAX : 3056339696  
 TEL : 18006862885  
 SER.# : BR066J504820

DATE, TIME : 02/11 16:27  
 FAX NO./NAME : 3056339696  
 DURATION : 00:00:15  
 PAGE(S) : 01  
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To: Division of Corporations  
 Fax Number : (850) 617-6381

From: Account Name : CORP USA  
 Account Number : 072430003255  
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 QUIET WATERS SEAFOOD, LLC

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February 11, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: QUIET WATERS SEAFOOD, LLC  
REF: W16000010474

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H16000034902  
Letter Number: 416A00002957

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: QUIET WATERS SEAFOOD, 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:

VICTOR P. FONTE

Name of Person

QUIET WATERS SEAFOOD, LLC

Firm/Company

10467 SUNRISE LKS. BLVD. #208

Address

SUNRISE, FL 33322

City/State and Zip Code

FRESHSEAFOOD@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTOR P. FONTE

239

825-1963

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$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

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QUIET WATERS SEAFOOD, LLC

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

16 FEB 10 AM 11:18

RECORDED  
FILED  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

10467 SUNRISE LKS BLVD #208  
SUNRISE, FL 33322

Mailing Address:

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:

VICTOR P. FONTE

Name

10467 SUNRISE LKS BLVD #208

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

SUNRISE, FL 33322

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

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

VICTOR P. FONTE

10467 SUNRISE LKS BLVD #208

SUNRISE, FL 33322

(Use attachment if necessary)

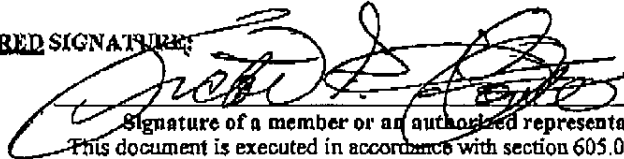
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior 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.

VICTOR P. FONTE

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)