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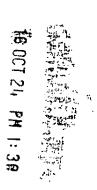
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# **COVER LETTER**

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	Cape Coral Accounting Ser 3306 Del Prado Cape Coral. I  City/State and Ser (to be based for future a matter, please call:  CPA at (Ser (Status))	matter, please call:  CPA at 237 SUD  Area Code & Daytime Telep  g amount:  ing Fee & \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  dress Section Corporations Corporations Clifton Building

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

JOEFISH AQUATICS, LLC. 18481 NARCISSUS RD FORT MYERS, FL 33967

#### **ARTICLE II - Address:**

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

JOEFISH AQUATICS, LLC. 18481 NARCISSUS RD FORT MYERS, FL 33967

Principal Office Address: Mailing Address:

JOEFISH AQUATICS, LLC. 18481 NARCISSUS RD FORT MYERS, FL 33967

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

BILL ANTAR, CPA
CAPE CORAL TAX & ACCOUNTING SERVICES, LLC
3306 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904

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- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

JOSEPH VERDINO (Managing Member) 18481 NARCISSUS RD FORT MYERS, FL 33967

# ARTICLE V: Effective date, if other than the date of filing:

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

# **REQUIRED SIGNATURE:**

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Typed or printed name of signee

10-18-2016