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(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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05/12/17--01026--005 **125.00



11. 5/11/17

COVER LETTER

	ew Filing Section vision of Corporations		
SUBJECT	One Fish Two Fish Records, LLC		
SUBJECT		Limited Liabilit	y Company
The enclose	ed Articles of Organization and fee(s)	are submitted f	for filing.
Please retu	m all correspondence concerning this	matter to the fo	ollowing:
	Margaret Kostka		
		Name of I	Person
	One Fish Two Fish Records, LLC		
		Firm/Con	npany
	570 A1A Beach Boulevard		
		Addre	SS
	St. Augustine, Florida 32080		
	magkostka@yahoo.com	City/State and	Zip Code
-	E-mail address: (to be us	ed for future ar	nnual report notification)
For further in	formation concerning this matter, ple	ase call:	
	Margaret Kostka	904	669-5132
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125,00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	LlCertifie	O Filing Fee & S160.00 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:					
One Fish Two Fish R	ecords, LLC in the words "Limited I	iahility Company	"LC" or "LC"	· ·	-	
	in the words Emilieu i	Liaomity Company	L.E.C., Of EEC.)			
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	ffice of the Limited	l Liability Company is:			
Principa	l Office Address:		Mailing Address:			
570 A1A Beach Boul			A1A Beach Boulevard		_	
St. Augustine, Florida	32080	<u>St.</u>	Augustine, Florida 32080		-	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	cannot serve as its own	Registered Agent.		iuai or		
The name and the Florida street a	ddress of the registered	agent are:		SECT	17 MAY	izel ge
	Margaret Kostka			五年	=	خىلىن ئۇيۇ ئالىن ھالىن
		Name		ARY OF	2	1
	570 A1A Beach Bou	levard		<u> </u>	3	X - 7
	Florida street address	s (P.O. Box NOT	icceptable)		XI.	35.
	St. Augustine	Florida	32080	FLORIDA	35	
	City	State	Zip	Þ	•	

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..

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized I	Mamhar	Name and Address:	
"MGR" = Manager	vicinoei		
AMBR		Margaret Kostka	
		570 A1A Beach Boulevard	
		St. Augustine, florida 32080	
AMBR		Michael Johnson	
AWIDK		Michael Johnson 570 A1A Beach Boulevard	
		St. Augustine, FL 32080	
		St. Hagastino, 1 D 00000	· · · · · · · · · · · · · · · · · · ·
(Use attachment if neces	sary)		
	•		
EV: Effective date, if ot	her than the date of filing:	: (OPTIC	ONAL)
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of filing.) Ithe date inserted in this ment's effective date on E VI: Other provisions, in REOUIRED SIGNATI	block does not meet the althe Department of State's fany. JRE:	applicable statutory filing requirements, this s records.	date will not
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