# <u>0013223</u>

| (Red                      | questor's Name)   |             |
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| (City                     | y/State/Zip/Phone | e #)        |
| PICK-UP                   | WAIT              | MAIL        |
| (Bus                      | siness Entity Nan | ne)         |
| (Do                       | cument Number)    |             |
| Certified Copies          | _ Certificates    | s of Status |
| Special Instructions to I | Filing Officer:   |             |
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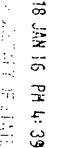
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# **COVER LETTER**

| TO: New Filing Section Division of Corporations  |
|--|
| SUBJECT: Rubbin' FISH, 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:  |
| Stephanie Buxton Name of Person  |
| Captain Morgan's Fishing Adventures, INC   |
| 9525 W. Cluster Ave.   |
| City/State and Zip Code  Captur Morgan FIShing Quail Com  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Stephanie at (813) SILO-931a5 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  Certificate of Status (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certificate Of |
| Mailing Address Street Address   |

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

| ARTICLE I - Name: The name of the Limited Liability Company is:  |  |
|--|--|
| Must contain the words "Limited Liability Com  | ipany, "L.L.C" or "LLC.")  |
| ARTICLE II - Address: The mailing address and street address of the principal office of the L  | imited Liability Company is:   |
| Principal Office Address:  | Mailing Address:   |
| 19525 W. Cluster Ave<br>TAM PA, FL 331015  | Same as Princ.   |
| ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  () Tephonic Name  9535 W. Florida street address (P.O. Box III) City State  | 2 Buxton Cluster Ave   |
| Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as refurther agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered am familiar with and accept the obligations of my position as registered.  Registered Agent's | for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S |

(CONTINUED)

| Juanna Margan  525 W. Cluster Ave  TAMPA FL 331015  Brian Morgan  4525 W. Cluster Ave  TAMPA FL 331015  Otephanie Buxton  9525 W. Cluster Ave  TAMPA FL 331015    |
|---|
| Brian Morgan  AS25 W. Cluster Ave  TAMPH FL 33le15  Otephanie Buxton  9525 W. Cluster Ave  TAMPH FL 33le15  |
| Stephanie Buxton<br>9525 W. Cluster Ave<br>TAMPH PL 331615  |
| 10/10   |
| 10/10   |
| t be more than five business days prior to or 90 days aft le statutory filing requirements, this date will not be listed s.                                       |
|   |
| horized representative of a member. e with section 605.0203 (1) (b), Florida Statutes. mitted in a document to the Department of State led for in s.817.155, F.S. |
| ico<br>ib   |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)