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COVER LETTER

	New Filing Section Division of Corporations
SUBJEC	TAMPA OFFSHORE FISHING, LLC
SOBJEC	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Julia Greenberg - Aguilar
	Name of Person
	MyUSAcorporation.com
	Firm/Company
	1 Radisson Plaza, Ste.800
	Address
	New Rochelle, NY 10801
	City/State and Zip Code tampaoffshorefishing@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Julia Greenberg-Aguilar 877 330-2677
	Name of Person Area Code Daytime Telephone Number
	is a check for the following amount:
_\$125.00 ·	Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee. 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

The name of the Limited Liabili	dy Company is:				
TAMPA OFFSHOR	RE FISHING, LLC				
(Must con	tain the words "Limited	l Liability Comp	any, "L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street a	ddress of the principal	office of the Lin	nited Liability Company is:		
<i>Q</i>	,				
<u>Princi</u>	nal Office Address:		Mailing Address:		
2627 YUKON CLII	F DR.		2627 YUKON CLIFF DR.		
RUSKIN, FL 33570			RUSKIN, FL 33570		
another business entity with an	y cannot serve as its ow active Florida registrati	n Registered Agion.)	Agent's Signature: ent, You must designate an individual	18 JAN 17	
The name and the Florida street	address of the registere	ed agent are:		<u></u>	_
	Incorp Services, Inc	<u> </u>		· = :	
		Name		•	
	PH 12: 1,7	-			
	Florida street addre	ss (P.O. Box <u>N(</u>	OT acceptable)		
	Loxahatchee	FL	33470	::7	
	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.

(CONTINUED)

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

the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nent's effective date on the Department of State's records. EVI: Other provisions, if any.		
AMBR SCOTT KULA 2627 YUKON CLIFF DR. RUSKIN. FL. 33570 DANA TOOKMANIAN 2627 YUKON CLIFF DR. RUSKIN, FL. 33570 Use attachment if necessary) EV: Effective date, if other than the date of filing: (OPTIONAL) trive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing. he date inserted in this block does not meet the applicable statutory filing requirements, this date will no nent's effective date on the Department of State's records. EVI: Other provisions, if any. REOURED SIGNATURE: Signature of a member. This document is executed in secondance 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 proyided for in s.817.155, F.S. Elena Malevska - Authorized representative Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		Ţ
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Use attachment if necessary) E.V: Effective date, if other than the date of filing:	AMBR	DANA TOOKMANIAN
Use attachment if necessary) E.V: Effective date, if other than the date of filing:	711.1131	
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