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(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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K. PAGE

18 OCT -5 MM 6: 49

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SHAllow Minded Angler L. L.C. 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:
FREDDY ORTIZ Name of Person
/ Name of Person
Firm/Company
1632 HARVARD ST
CLEARWATER FL 33755 City/State and Zip Code CAPTFREDORT/2 @ GMAIL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) \$\text{Certified Copy}\$\$ (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability C	AnglER L.L.C
(Must end with the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
CLE II - Address:	
ailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
· · · · · · · · · · · · · · · · · · ·	Mailing Address:
Principal Office Address: [632 HARVARD ST CLEARWATER FL 33755	Mailing Address: SA-m∈

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

FREDDY ORTR

Name

1632 HARVARD ST

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

CLEARWATER FL 33755

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

18 OCT -5 AH 6: 49

Title: "AMBR" = Authorized Member "MGR" = Manager TREDDY ORTIZ 1632 HARDARD ST CLEARWATER F 33735 WATICLE V: Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 he date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not he document's effective date on the Department of State's records. REFOURED 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. FREDAY ORTZ Typed or printed name of signee S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certificate of Status (Optional) S 5.00 Certificate of Status (Optional)		ARTICLE IV- The name and address of each person authorized	d to manage and control the Limited Liability Compa	any:
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 10/02/18 (OPTIONAL) If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not the document's effective date on the Department of State's records. RETICLE 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. FREDAL ORTIZ 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)		"AMBR" = Authorized Member	Name and Address:	
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E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Freddy ORT/Z at (727) 77/-5366 Name of Person Area Code Daytime Telephone Number
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Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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