

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L18000273673

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000327531 3)))



H180003275313ABC/

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : Vcorp Services, LLC  
Account Number : I20080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: statenotices@vcorp services.com

**FLORIDA LIMITED LIABILITY CO.  
PELAGIC FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

FILED  
2018 NOV 28 AM 9:31  
TALLAHASSEE, FL 32309

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 29 2018

K. Brumbley

850-617-6381

11/14/2018 12:22:55 PM PAGE 1/001 Fax Server



November 14, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

VCORP SERVICES, LLC

SUBJECT: PELAGIC FLORIDA, LLC  
REF: W18000099074

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt  
Regulatory Specialist III

FAX Aud. #: H18000318969  
Letter Number: 718A00023396

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

PELAGIC FLORIDA, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**1660 Placentia Avenue  
Costa Mesa, CA 92627**Mailing Address:**1660 Placentia Avenue  
Costa Mesa, CA 92627**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Vcorp Services, LLC

Name

5011 South State Road 7, Suite 106Florida street address (P.O. Box **NOT** acceptable)DavicFL33314

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

FILED  
 2018 NOV 28 AM 9:31  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE IV.**

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

**Title:**

"AMBR" = Authorized Member

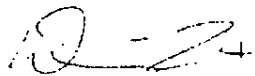
"MGR" = Manager

MGR**Name and Address:**RON KAWAJA1660 Placentia AvenueCosta Mesa, CA 92627MGRMATT GOETTSCHE321 Greenleaf Glen StreetHenderson, NV 89014

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records**ARTICLE 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.

William Zayac

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)

\$ 5.00 Certificate of Status (Optional)