Division of Corporations Electronic Filing Cover Sheet

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.

(((II190000082043)))



H19000C082043ABCY

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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000145 Phone : (305)444-4994 : (305)444-4977 Fax Number

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

Email Address:\_

## FLORIDA LIMITED LIABILITY CO. BLACK SEA FISH MARKET, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BLACK SEA FISH MARKET, I	LLC
(Must contain the word	ds "Limited Liability Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
ne mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Ac	ddress: Mailing Address:
4791 SW 5 STREET	SAME
CORAL GABLES, FL 33134	
RTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature: ve as its own Registered Agent, You must designate an individual or da registration.)

Name
4791 SW 5 STREET
Florida street address (P.O. Box NOT acceptable)

 CORAL GABLES
 FL
 33134

 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)

ZOIS JAN -8 PM 3: 07
SECRETARY OF STATE

Title:  "AMBR" = Authorized Member  "MGR" = Manager  AMBR  MARIA E. SARUT  4791 SW 5 STREET  CORAL GABLES, FL 33134  AMBR  ROBERTO CASTILLO  4791 SW 5 STREET  CORAL GABLES, FL 33134   (Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days e date of filing.)  otte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lise e document's effective date on the Department of State's records.	"AMBR" = Authorized Member "MGR" = Manager AMBR	MARIA E. SARUT 4791 SW 5 STREET CORAL GABLES, FL 33134  ROBERTO CASTILLO 4791 SW 5 STREET
AMBR  AMBR  AMBR  AMBR  ROBERTO CASTILLO  4791 SW 5 STREET  CORAL GABLES, FL 33134  ROBERTO CASTILLO  4791 SW 5 STREET  CORAL GABLES, FL 33134  (Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days e date of filing.)  ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lise e document's effective date on the Department of State's records.	AMBR	ROBERTO CASTILLO 4791 SW 5 STREET
(Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days e date of filing.)  ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lise e document's effective date on the Department of State's records.		ROBERTO CASTILLO 4791 SW 5 STREET
CORAL GABLES, FL 33134  ROBERTO CASTILLO 4791 SW 5 STREET CORAL GABLES, FL 33134  (Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days to date of filing.)  ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list to document's effective date on the Department of State's records.	AMBR .	CORAL GABLES, FL 33134  ROBERTO CASTILLO 4791 SW 5 STREET
(Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days educe of filing.)  ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lise educument's effective date on the Department of State's records.	AMBR .	ROBERTO CASTILLO 4791 SW 5 STREET
(Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:	AMBR	4791 SW 5 STREET
(Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:	AMBR	4791 SW 5 STREET
(Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:	<del></del>	
(Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:	<del></del>	
RTICLE V: Effective date, if other than the date of filing:	<del></del>	
RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:	() Ice attachment if necessary)	
	RTICLE VI: Other provisions, if any.	3.333333
REQUIRED SIGNATURE:	REQUIRED SIGNATURE:	AAD_
	Signature of a member or	r an authorized representative of a member.
		cordance with section 605,0203 (1) (b), Florida Statutes.
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.		ation submitted in a document to the Department of State
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	I am aware that any false informa	
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 informa	as provided for in s.817.155, F.S.
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.	I am aware that any false informations that are the constitutes a third degree felony to	as provided for in s.817.155, F.S.
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.  MARIA E. SARUT	I am aware that any false information constitutes a third degree felony to MARIA E SARUT	as provided for in s.817.155, F.S.
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.	I am aware that any false information constitutes a third degree felony to MARIAE SARUT	as provided for in s.817.155, F.S.
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.  MARIA E, SARUT  Typed or printed name of signee	I am aware that any false informations constitutes a third degree felony of MARIA E, SARUT  Typed	as provided for in s.817.155, F.S.  or printed name of signee
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.  MARIA E. SARUT	I am aware that any false informations constitutes a third degree felony of the MARIA E, SARUT  Typed	as provided for in s.817.155, F.S.  I or printed name of signee  Filing Fees: