

L20000108932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

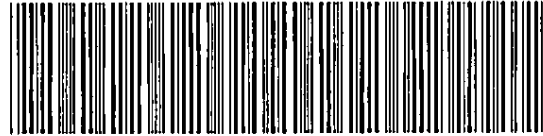
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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04/24/20--01002--022 *\$375.00

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2020 APR 23 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2020 APR 23 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FL

N CULLICOTT

APR 21 2020

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. Patagonian Wild Seafood LLC

(Corporation Name)

Document #

☒ Walk in

☐ Pick up time _____

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy of the Certificate of Status

☐ Certificate of Status

NEW FILINGS

AMMENDMENTS

☐ Profit

☐ Amendment

☐ Not for Profit

☐ Resignation of R.A. Officer/Director

☒ Limited Liability

☐ Change of Registered Agent

☐ Domestication

☐ Dissolution/Withdrawal

☐ Other

☐ Merger

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

☐ Annual Report

☐ Foreign

☐ Fictitious Name

☐ Limited Partnership

☐ APOSTIL _____

☐ Reinstatement

☐ Trademark

☐ Other

COUNTRY

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: PATAGONIAN WILD SEAFOOD LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following

MARTIN DELLOCA

Name of Person

MDELL CONSULTING CORP

Firm Company

777 BRICKELL AVE STE 500-29

Address

MIAMI, FL 33137

City, State and Zip Code

MDELLOCA@MDELLCONSULTING.COM

E-mail address* (to be used for future annual report notification)

For further information concerning this matter, please call

MARTIN DELLOCA

305

607-3493

at

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

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee
Certificate of Status &
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PATAGONIAN WILD SEAFOOD LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

777 BRICKELL AVE STE 500-49
MIAMI, FL 33131

Mailing Address:

777 BRICKELL AVE STE 500-49
MIAMI, FL 33131

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:

BILFMAX PARTNERS CORP

Name

777 BRICKELL AVE STE 500-49

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

MIAMI, FL 33131

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)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" - Authorized Member

"MGR" - Manager

MGR _____

MARTIN DELL'OGA
777 BRICKELL AVE. ST 500-30
MIAMI, FL 33131

(Use attachment if necessary)

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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.

Martin Dell'Oga

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)