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(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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1 1 7 th	» CC	OVER LÉTTER (* )	
<b>Y</b>	ř		;
TO: New Filing	Section Corporations		
1717 1.11011 01	Cor por attons		
	ATTOWN/ Cho	400 Dans 110	
SUBJECT:	Q'Town She	miled inhility Commons	<del></del> .
	Name of 12	unted Liaonity Company	
The enclosed Article	s of Organization and fee(s) a	re submitted for filing	
Please return all corre	espondence concerning this m	natter to the following:	
	<b>a</b>		
	Dorian Murra	Y Name of Person	
		Name of Person	
		Firm/Company	
	11-0-11-11-1	0.4	
	1479 Whatley.	St.	
	,	Address	<del></del>
	Λ ,		
	Irlando, M. 3.	281/ City/State and Zip Code PC 9Mail, COM	
	0/	City/State and Zip Code	
	1075 hrimppin	De amail com	
	E-mail address: (to be used	d for future annual report notificat	ion)
For further information	n concerning this matter, pleas	se call:	
	5	, <b></b>	
( Phria	n Murray	321 330-74	170
	dame of Person	321 ) 330-74 Area Code Daytime Telephor	10
•	value of t cison y	trea code Daytime relephor	ie Militoei
Post and tax stocks of	- d 2 11 - 1		
Enclosed is a check to	or the following amount:		
\$125.00 Filing Fee	\$130.00 Fiting Fee &	\$155.00 Filing Fee &	\$160.00 Filing Fee,
_	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
**	.92		2020 JU SEGRE TALL
<u>Ma</u>	niling Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2020 JUH 23 PM 4: 07
SECRETATE
SECRETATE

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.

Ibrian Murray
Typed or printer 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)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
O'TOWN Shrimp An	ip, LLC
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of th	a Limitad Lighility Company is:
The maining address and street address of the principal office of the	e Elimined Elabring Company is.
Principal Office Address:	Mailing Address:

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:

Benjamin Murray					
Name					
1812 36th of.					
Florida street address (P.O. Box NOT acceptable)					
_orlando	FL	32539			
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)

Registered Agents Signature (REQUIRED)

SELICHARY OF STATE