Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803
Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future 25 annual report mailings. Enter only one email address please. annual report mailings. Enter only one email address please.**

FLORIDA LIMITED LIABILITY CO.

Serimar Foods LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liabilit	y Company is:		
Serimar Foods LLC			
(Must cont	ain the words "Limited	Liability Compar	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street a	ddress of the principal o	ffice of the Limi	ted Liability Company is:
Princip	al Office Address:		Mailing Address:
7901 4th St N STE 3	00		901 4th St N STE 300
St. Petersburg, FL 33	702	<u>S</u>	. Petersburg, FL 33702
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registration	Registered Ager on.)	gent's Signature: nt. You must designate an individual or
	Registered Agents In	r	
	Registered Agents in	Name	
	7901 4th St N STE 3	00	
	Florida street addres	s (P.O. Box <u>NO</u>	[acceptable)
	St. Petersburg	FL	33702
	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)

2021 MAR 26 AM 9: 41

ARTICLE IV-

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

"AMBR" = Manager AMBR Reinaldo Andres Cichella Miliani 7901 4th St N STE 300 St. Petersburg, FL 33702 (Use attachment if necessary) E V: Effective date, if other than the date of filing: (OPTIONAL) feetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E VI: Other provisions, if any. REOUIRED 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. Rilev Park Typed or printed name of signee Filing Fees:	AGR" = Manager			
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