

6/24/2021

Division of Corporations

# L21000294432

## Florida Department of State

Division of Corporations  
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To:

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

From:

Account Name : ARIMIR SERVICES GROUP LLC  
Account Number : I20200000022  
Phone : (305)298-6579  
Fax Number : (305)643-5225

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

Email Address: arimirservices@gmail.com

## FLORIDA LIMITED LIABILITY CO.

## FANGSEAFOOD LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

21 JUN 24 AM 5:04  
SECRETARY OF STATE  
FAX ASSISTANT

FILED

2021 JUN 24 AM 10:01

5B  
6/25/21

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

FANGSEAFOOD LLC

(Must contain 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:13000 W STATE ROAD 84DAVIE FL 33325Mailing Address:13000 W STATE ROAD 84DAVIE FL 33325

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Eduardo Laens Uran

Name


13000 W STATE ROAD 84Florida street address (P.O. Box NOT acceptable)DAVIEFL33325

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:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**MGREduardo Laens Uran  
13000 W STATE ROAD 84  
DAVIE FL 33325

(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.Eduardo Laens Uran

Typed or printed name of signee

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