

7/16/24, 3:23 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and attach as cover sheet. Type the filing number (shown below) on the top and bottom of all pages of the document.

(((H24000241399 3)))

7-19-24

7/16



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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 : HADAS ACCOUNTING AND TAX SERVICES
Account Number : I20170000018
Phone : (305)222-2289
Fax Number : (305)221-3810

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

Email Address: hadastaxservices@gmail.com

2024 JUL 18 PM 3:55

RECEIVED

FLORIDA LIMITED LIABILITY CO.
Noah Seafood and More LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

2024 JUL 18 PM 1:25

FILED

DIVISION OF STATE
TALLAHASSEE, FL



July 18, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HADAS ACCOUNTING AND TAX SERVICES

SUBJECT: NOAH SEAFOOD AND MORE LLC
REF: W24000104302

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain both the street address of the principal office and the mailing address of the entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Tabitha J Howell
Regulatory Specialist II
New Filings Section

FAX Aud. #: H24000241399
Letter Number: 424A00015725

H 240 00241399

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2024 JUL 18 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FL

P.O. BOX 6327 - Tallahassee, Florida 32314

Attached Final Correction

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NOAH SEAFOOD AND MORE LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Blanca L Lacayo

Name of Person

Hadas Accounting & Tax Services

Firm/Company

210 Sw 107th Ave

Address

Miami FL 33174

City/State and Zip Code

hadastaxeservices@gmail.com

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

For further information concerning this matter, please call:

Blanca L Lacayo at (305) 222-2289

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

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2024 JUL 18 PM 4:25
STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NOAH SEAFOOD AND MORE 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:Mailing Address:3948 NE 169th St Apt 202 Miami FL 331603948 NE 169th St Apt 202 Miami, FL 33160

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:

Blanca L. Laayo

Name

210 Sw 107Th AveFlorida street address (P.O. Box NOT acceptable)MiamiFL33174

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..

Blanca L. Laayo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FL

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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

MGR

MGR

Name and Address:

Alexander T Heine

3948 NE 169th St Apt 202

Miami, FL 33160

MANUEL A RAMIREZ

11603 NW 89 ST APT 108

DORAL, FL 33178

(Use attachment if necessary)

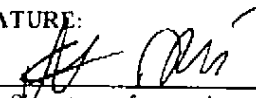
ARTICLE V: Effective date, if other than the date of filing: 07/16/2024 (OPTIONAL)

(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.

Any and all lawful business

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.

Alexander Heine

Typed or printed name of signer

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STATE
FL

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)