1/30/25, 10:55 AM Division of Corporations

Florida Department of State

Division of Corporations

L25000037900

Electronic Filing Cover Sheet

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

From:
Account Name : NJ ACCOUNTING SERVICES CORP
Account Number : I20240000034
Phone : (305)686-2850
Fax Number : (844)587-9637

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2025 JAN 30 PM 12:42

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

Email Address: njtaxservices22@gmail.com

FLORIDA LIMITED LIABILITY CO.
ALWAYS FRESH FISH & SEAFOOD LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$130.00

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: ALWAYS FRESH FISH & SEAFOOD 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:

ALBERTO ESQUIVEL ROQUE
Name of Person

ALWAYS FRESH FISH & SEAFOOD LLC
Firm/Company

1213 OXSALIDA ST
Address

PORT CHARLOTTE FL 33952
City/State and Zip Code

NJTAXSERVICES22@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERTO ESQUIVEL ROQUE at (305) 6862850
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

(((H25000036312 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ALWAYS FRESH FISH & SEAFOOD 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:**
1213 OXSALIDA ST	1213 OXSALIDA ST
PORT CHARLOTTE FL 33952	PORT CHARLOTTE FL 33952

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:

ESQUIVEL ROQUE, ALBERTO
Name

1213 OXSALIDA ST
Florida street address (P.O. Box **NOT** acceptable)

PORT CHARLOTTE	FL	33952
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..

Alberto Esquivel Roque
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	ESQUIVEL ROQUE, ALBERTO 1213 OXSALIDA ST PORT CHARLOTTE, FL 33952

(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:

Alberto Esquivel Roque

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.

ALBERTO ESQUIVEL ROQUE
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)

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