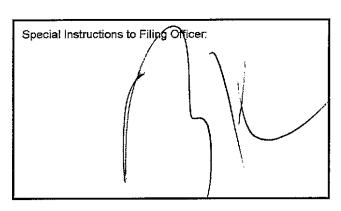
M05000000603

	(Requestor's Name)						
	(Address)						
1	(Address)						
	(City/State/Zip/Phone #)						
PICK-UF	WAIT MAIL						
ı	(Business Entity Name)						
(Document Number)							
Certified Copies	Certificates of Status						

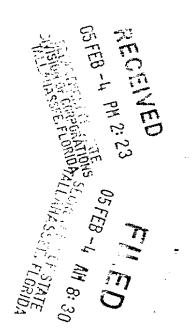


Office Use Only



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192/04/(15---01/054--008 **125.00***



CT CORPORATION

February 4, 2005

Department of State, Florida 409 East Gaines Street Tallahassee FL 32399

STEB THE BOY

Re:

Order #: 6296249 SO

Customer Reference 1:

Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Nichirei U.S.A., LLC (WA) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy Fulfillment Specialist Jennifer_Murphy@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		IRANSACI BU) SIII	ESS IN FLORIDA	5 M
IN	COMPLIANCE WITH	SECTION 608.503. FLORIDA STATU	TES	THE FOLLOWING IS SUBMITTED TO REGISTER A	POREICA!
ĽΩ	MITED LIABILITY COM	PANYTO TRANSACT BUSINESS IN TI	ŒS.	TATE OF FLORIDA:	>
1		Nichirei U.S.A., LLC			1. 10
1.		(Name of Foreign Limited Liability Company)			
_	Washington			es occoors	A.O.
2.	•	law of which foreign limited liability	. 3.	68-0599959 (FEI number, if applicable)	-93P
	company is organized)		,	(A Da Hamber, it applicatio)	F.
4	January 1, 2005		5.	Perpetual	7
т.		Organization)	٠.	(Duration: Year limited liability company will cease t	- -
				exist or "perpetual")	
6.					
		(Date first transacted business in (See sections 608.501 & 608.502 F	Florid S. to	la, if prior to registration.) determine penalty liability)	.,,,,,
	0001.01 11.4				÷
7.	2201 Sixth Avenue,	Saite 1350			
	Seattle, WA 98121			· · · · · · · · · · · · · · · · · · ·	•
		(Street Addre	ss of	Principal Office)	
				<u></u>	
8.	If limited liability	company is a manager-manage	ed co	ompany, check here	
Ω	The name and you	al business addresses of the me		ing members or managers are as follows:	
7.	The name and usu	ar business addresses of the ma	anag	ing memoers of managers are as follows:	
	Tetsuhisa Nakajima	2201 Sixth Avenue, Suite 1350,	Seatt	le, WA 98121	
					:
					
10	Attrohad is an original	partificate of assistance no many than (Y) dan	s old, duly authenticated by the official having custody of	سئەلسەم.
the	invisdiction under the b	aw of which it is openized. (A photoc	nnvis	sold, daily altitudificate to y die official fraving custody of the control of th	
		e under oath of the translator must be su			•
				,	
11	. Nature of busine	ss or purposes to be conducted	or p	romoted in Florida:	
	Purchase and sale of	marine and processed foods			
	- utchase and sale of	marine and processed roots			_
		French	_		
		Signature of a member or an	auth	prized representative of a member.	
	,	(In accordance with section 608.408(3)	, F.S.	the execution of this document constitutes	
		an affirmation under the penalties of pe	erjury	that the facts stated herein are true.)	
				: Tetsuhisa Nakajima, Its President	
FLO	057 - 08/03/04 C T System Online	Typed or print	ed n	ame of signee	7

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of t	the Limited Liability Compar	ny is:	• •					
Nichirei U.S.A., L	LC							
2. The name and	I the Florida street address of	the registered	agent and office are:					
	стс	Corporation System	1					
-		(Name)						
	1200 Sc	outh Pine Island Ro	oad					
-	Florida Street Address (P.O. Box NOT ACCEPTABLE)							
-	Plantation	FL City/State/Zip	33324	<u> </u>				
		City/State/21p						
liability company agent and agree to relating to the pro obligations of my	ted as registered agent and to at the place designated in this o act in this capacity. I furthe oper and complete performance position as registered agent at CT Corporation System (Signature)	s certificate, I he r agree to comp ce of my duties, d	ereby accept the appoi oly with the provisions and I am familiar with	ntment as registerea of all statutes and accept the				

The State of Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF NICHIREI U.S.A., LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 1/1/2005.

I FURTHER CERTIFY that as of the date of this certificate, NICHIREI U.S.A., LLC remains active and has complied with the filing requirements of this office.

Date: February 2, 2005

UBI: 602-458-238

STATE ON WASHINGTON THE SAME OF THE SAME O

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State