M07000000772

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Coples	Certificates	s of Status			
Special Instructions to	Filing Officer				





100085560021

O7 FEB -8 PM 2: 40

07FEB-8 PM 4:01 ECRETARY UF SIAT



ACCOUNT	NO.	:	072100000032
---------	-----	---	--------------

REFERENCE :

4321551

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: February 8, 2007

ORDER TIME : 1:54 PM

ORDER NO. : 750352-005

CUSTOMER NO: 4321551

FOREIGN FILINGS

NAME: NEW POSEIDON ENTERPRISES,

L.L.C.

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

NEW POSEIDON ENTERPRISES LLC.

1.	NEW POSEIDON ENTERPRISES, L.L.C.	1					
	(Name of Foreign Limited Liability Company)	The same of the sa					
2.	Delaware [Jurisdiction under the law of which foreign limited liability company is organized] 3. 20-5677470 [FEI number, if applicable]	E.					
4.	September 20, 2006 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease for exist or "perpetual")	CI CO					
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	* (·,					
7.	3516 Green Park Circle, Charlotte, North Carolina 28217						
	(Street Address of Principal Office)						
8.	If limited liability company is a manager-managed company, check here						
9.	The name and usual business addresses of the managing members or managers are as follows:						
	Roger Brewster, C.P. Davis, Matthew E. Malone, Michael Henninger, John Hill, Richard J. LaVecchia, III						
	all at 3516 Green Park Circle, Charlotte, North Carolina 28217						
		alikan gr					
the.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording custody of recording the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)	rdsin					
11.	. Nature of business or purposes to be conducted or promoted in Florida: Seafood distribution.						
	ef-efalos.						
	Signature of a member or an authorized 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 periory that the facts stated berein are true.)	· · · · · · · · · · · · · · · · · · ·					

Typed or printed name of signee

Matthew E. Malone

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 o	f the Limited Liability Con	mpany is:	
NEW POSEIDO	N ENTERPRISES, L.L.C.		
2. The name a	nd the Florida street addre	ss of the registered agent and office are:	· 현 전 전 등
	Corporation Service Compa	ny	
		(Name)	The second secon
	1201 Hays Street		
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	· 17 (1) (表面) (4)
	Tallahassee	FL 32301	
		City/State/Zip	tinis in a second

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 608, Florida Statutes.

By: Amanda Haddan as its agent

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW POSEIDON ENTERPRISES, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF FEBRUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEW POSEIDON ENTERPRISES, L.L.C." WAS FORMED ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2006.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5417670

DATE: 02-08-07

4222608 8300

070140818