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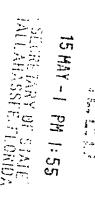
	(Requestor's Name)	
	(Address)	
((Address)	
	(City/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
	(Business Entity Na	me)
	(Document Number)
Certified Copies	Certificate	s of Status
Special Instructions	to Filing Officer:	
		:
Special Instructions	to Filing Officer:	

Office Use Only



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February 11, 2015

ERIN FULLINGTON 120 W PUJO ST STE 300 LAKE CHARLES, LA 70601

SUBJECT: OCEANGROWN SEAFOOD, LLC

Ref. Number: W15000010094

We have received your document for OCEANGROWN SEAFOOD, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 315A00002852

COVER LETTER

	egistration Section ivision of Corporations			
SUBJECT	Oceangrown Sea	afood	l, LLC	
SUBJECT	·		d Liability Company	
The enclose Existence,	ed "Application by Foreign Limited Liab and check are submitted to register the a	oility Com bove refer	pany for Authorization to Tra enced foreign limited liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida
Please retu	rn all correspondence concerning this ma	atter to the	following:	
	Erin Fullington			
		N	ame of Person	
	Oceangrown Se	eafoo	od, LLC	
		F	irm/Company	
	120 W. Pujo St.	., Ste	e. 300	
			Address	
	Lake Charles, L	A 70	0601	
		City/S	tate and Zip Code	
	erinf@doreener	gy.c	om	
	E-mail address	: (to be use	d for future annual report notific	eation)
For further	information concerning this matter, plea	ise call:		
E	Erin Fullington		_{at} 337 502	2-5242
	Name of Contact Person		Area Code Da	nytime Telephone Number
D Re P.	ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314	Divisio Registr Clifton 2661 E	er ADDRESS: on of Corporations ration Section Building executive Center Circle eassee, FL 32301	
	is a check for the following amou \$125.00 Filing Fee \$130.00 Filin Certificate of	ng Fee &	□ \$155.00 Filing Fee & Certified Copy	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Oceangrown Seafood, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.	.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alter Liability Company." "L.L.C," or "LLC.")	nate name must include "Limited
Louisiana 3.	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if	applicable)
10/21/2014	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
120 W. Pujo St., Ste. 300	
Lake Charles, LA 70601	
(Street Address of Principal Office)	
120 W. Pujo St., Ste. 300	
Lake Charles, LA 70601	and a second
(Mailing Address)	50 0
7. The name, title or capacity and address of the person(s) who has/have authority	to manage is/are
Villiam J. Doré, Sr., Manager	
I20 W. Pujo St., Ste. 300	
ake Charles, LA 70601	1.55 RRD
. Attached is an original certificate of existence, no more than 90 days old, duly at	uthenticated by the official (A photocopy is not

Typed or printed name of signee

William J. Doré, Sr.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 I	_imited	Liability	Company	is
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Oceangrown Seafood, LLC

If unavailable, the alternate to be used in the state of Florida is:

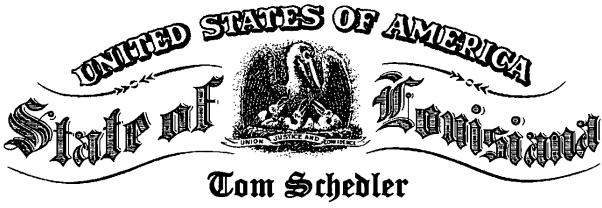
2. The name and the Florida street address of the registered agent and office are:

(Name) 155 Crystal Beach Dr. #101 Florida Street Address (P.O. Box NOT ACCEPTABLE) Destin FL 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, Florida Statutes.

(Signature)

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



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

OCEANGROWN SEAFOOD, LLC

Domiciled at LAKE CHARLES, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on November 21, 2014,

I further certify that no Certificate of Dissolution has been issued.

SECRETARY OF STATE

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

Secretary of State

January 15, 2015

TARY OF STREET

Certificate ID: 10562080#K7Q83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed. www.sos.la.gov

CB 41703537K