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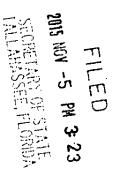
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PICK-UP	☐ WAIT	MAIL				
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Special Instructions to	Filing Officer:					
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Office Use Only



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COVER LETTER

Divisi	on of Corporation	18					
SUBJECT:	Citadel Seafood LL	c					
Sobject	Name of Limited Liability Company						
				ransact Business in Florida," Certificate of ity company to transact business in Florida.			
Please return a	Il correspondence o	concerning this matter to the	following:				
	Lewis Carter						
	,	N	ame of Person				
	Citadel Seafoo	i LLC					
	Firm/Company						
	7841 Collins R	idge Blvd					
			Address				
	Jacksonville, F	L 32244					
	***************************************	City/S	tate and Zip Code				
	lewis.carter59@	att.net					
		E-mail address: (to be used	I for future annual report n	otification)			
For further info	ormation concernin	g this matter, please call:					
Lewis	s Carter		904 707-2	2215			
	Name o	f Contact Person	at () Area Code D	aytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	heck for the follow 25.00 Filing Fee	ing amount: \$\frac{1}{2}\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			



FLORIDA DEPARTMENT OF STATE OV -5 PHII: 32

October 29, 2015

LEWIS CARTER 7841 COLLINS RIDGE BLVD JACKSONVILLE, FL 32244

SUBJECT: CITADEL SEAFOOD LLC

Ref. Number: W15000071650

We have received your document for CITADEL SEAFOOD LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 115A00022896

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:

Citadel Seafood LLC			
(Name of Fore	eign Limited Liability Company; must in	nclude "Limited Liability Company," "L.L.C.," o	r "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C,		f transacting business in Florida. The alternate na	ame must include "Limited
2. Georgia		3. 47-3603428	•
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	e)
4	(Date first transacted business	in Florida, if prior to registration.)	
2969 Swamp RD Meri	(See sections 605.0904 & 605.096	05, F.S. to determine penalty liability)	
3	,		 -:0 2
	(Street Address of Prin	ncipal Office)	AND NOT THE REPORT OF THE PERSON OF THE PERS
6. P.O. Box 108 Meridian	, GA. 31319		
			Section 1
	(Mailing Add	iress)	- 의원 교
7. Name and street address	ss of Florida registered agent: (P.O.	Box NOT acceptable)	ب کو کا
Name:	Lewis Carter	- vastely in the many	17. W
Office Address:	7841 Collins Ridge Blvd	·····	
	Jacksonville	, Florida <u>32244</u>	_
Registered agent's accep	(City)	(Zip code)	
Having been named as re designated in this applica to complywith the provisi	gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pro my position as registered agent.	e of process for the above stated limited lial ent as registered agent and agree to act in the oper and complete performance of my dutie	his capacity. I further agree
	▼ (Registered	d agent's signature)	
-	* * * * * * * * * * * * * * * * * * * *	ho has/have authority to manage is/are:	
Prince Anderson, Manage	er/Authorized Member, 2969 Swamp	p RD Meridian, GA. 31319	
P.O. Box 108 Meridian G	A 31319		
Lewis Carter, Manager/A	uthorized Member, 7841 Collins Ric	dge Blvd Jacksonville, FL 32244	
	of which it is organized. (If the certi	old, duly authenticated by the official having ficate is in a foreign language, a translation of	
	Signature of	an authorized person	
		33 (1) (b), Florida Statutes. I am aware that ar a third degree felony as provided for in s.81	
	LEV	WIS CARTER	

Typed or printed name of signee

Control Number: 15032525

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Citadel Seafood, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 12194184 : 03/27/2015 : Georgia : 10/22/2015



Brian P. Kemp Secretary of State