Mnoe	20010841
(Requestor's Name) (Address) (Address)	500306692585
(City/State/Zip/Phone #)	12/21/1701013012 +*125.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
245180 w1-100646	7 DEC 21 PH12:55
Office Use Only	·

○ SilviMiONS DEC 22 2017

р.З

-38-0ct-2817 12:62 Fax

Stavis Seafoods, Inc. 212 Northern Avenue, Fish Pier West, Suite 305 Boston, MA 02210

October 26, 2017

Secretary of State Commonwealth of Massachusetts One Ashburton Place Boston, MA 02108

Dear Sir/Madam;

Stavis Scafoods, Inc., hereby consents to the use of the name "Stavis Scafoods LLC" by a Massachusetts limited liability company to be organized in the Commonwealth of Massachusetts.

By: Mary A. Fleming, Treasurer



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2017

JAY WEISS, ESQ 9990 SW 77TH AVE, #217 MIAMI, FL 33156

SUBJECT: STAVIS SEAFOODS LLC Ref. Number: W17000100646

We have received your document for STAVIS SEAFOODS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

Octavia L Simmons Regulatory Specialist II

Letter Number: 617A00025875

COVER LETTER

TO: **Registration Section Division of Corporations**

STAVIS SEAFOODS, LLC SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JAY B. WEISS, ESQ. Name of Person JAY B. WEISS, PA Firm/Company 9990 SW 77TH AVE., #217 Address MIAMI, FL 33156 City/State and Zip Code jbwcsqmia@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAY B. WEISS, ESQ 305 854-0499 at (Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations **Division of Corporations** Registration Section **Registration Section** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: 🖻 \$125.00 Filing Fee 👘 🗍 \$130.00 Filing Fee & □ \$155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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;

L STAVIS SEAFOODS LLC

(Name of Foreign	Limited Liability Company, must include "Limite	ed Liability Company," "L.L.C.," or "LI	.C.")
(If name unavailable, enter alternate a	name adopted for the purpose of transacting business in Fle	rida. The alternate name must include "I imite	d Liability Company, ""It t C " or et t.C."
2 MASSACHUSETTS		3 82-3243673	
(Jurisdiction under the law of w	hich foreign hnuted lability company is organized)	J	number, if applicable)
•	(Date first transacted husiness in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.)	
212 NORTHERN AV			
Street Address of	-	6. 212 NORTHERN AVE	
SUITE 305		(Mailing SUITE 305	(Address)
BOSTON, MA 02210		BOSTON, MA 02210	
		100110N, MA 02210	
Name and street uddree	is of Florida registered agent: (P.O. Box		
struine and <u>street addres</u>		<u>NOT</u> acceptable)	- Jan
Name:	JAY B. WEISS, ESQ.		
Office Address:	9990 SW 77TH AVE., #217		
	MIAMI	, Florida 33156	
Registered agent's accep	(City)		code)
o comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my portion as registered agent.	registered agent and agenue to	and in this commutes I to get
	[Registered agent's s	ignature)	
Title or Capacity:	neity and address of the person(s) who ha <u>Name and Address</u> :	s/have authority to manage is/ar <u>Title or Capacity:</u>	e: <u>Name and Address:</u>
CHIEF EXECUTIVE	CHARLES R. MARBLE 212 NORTHERN AVE., #305 BOSTON, MA 02210	CHIEF FINANCIAL	MARY S. FLEMING 212 NORTHERN AVE., #30 BOSTON, MA 02210
CHAIRMAN	JUAN MANUEL GOMEZ 212 NORTHERN AVE., #30 BOSTON, MA 02210	5	

(Use augenments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

- Mauri Fle -
Signature of an authorized person
MARY S FLEMING
Typed or printed name of signer

4



William Francis Galvin Secretary of the Commonwealth **The Commonwealth of Massachusetts** Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: December 13, 2017

To Whom It May Concern :

I hereby certify that a certificate of organization of Limited Liability Company was filed

in this office by

STAVIS SEAFOODS LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on

October 30, 2017.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation:

that said Limited Liability Company has not been administratively dissolved; and that, so far as

appears of record, said Limited Liability Company has legal existence.



In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

William newin Galein

Secretary of the Commonwealth

Certificate Number: 17120314360 Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx Processed by: