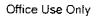
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APPROVED

T GLASS



LESLIE SMITH

Paralegal

Email: leslie'@eoplaw.com Direct line: 971-230-1068

May 17, 2019

VIA FEDERAL EXPRESS

Division of Corporations Registration Section - Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re:

Registration of foreign LLC

Pacific Seafood - Miami, LLC, an Oregon limited liability company

Dear Clerk:

Please see the enclosed documents for registration of the above-referenced limited liability company as a Florida foreign LLC. Also enclosed is a check in the amount of \$125 for the resistration fee, and a return envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. Thank you:

Very truly yours,

Leslie Smith

Legal Assistant to Robert J. Preston

Enclosures

/ls

COVER LETTER

10:	Division of Corp						
SUBJE		Seafood - Miami, LLC					
	· - · · · · · · · · · · · · · · · · · ·	Name	of Limited Liability (Company			
		by Foreign Limited Liability C ubmitted to register the above re					
Please	return all correspon	dence concerning this matter to	the following:				
	Lesl	lie Smith					
			Name of Person				
	Ell	iott, Ostrander & Preston,	P.C.				
			Firm/Company	···			
	707	'SW Washington St., Suite	1500				
			Address				
	Po	ortland, OR 97205				2	
		Cìt	ty/State and Zip Code		3.5	919	
	le	slie@eoplaw.com			<u>-</u>		<u> </u>
		E-mail address: (to be	used for future annual	report notification)		20	三字2
For fur	ther information co	ncerning this matter, please call	:			-p	
	Leslie Smith		971	230-1068	: 	. ပူ	
	1	Name of Contact Person	Area Code	Daytime Telephone ?	Number	. 'CT	
	MAILING ADD Division of Corpo Registration Secti P.O. Box 6327 Tallahassec, FL 3	orations ion		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rele		
		ck for the following amount: k payable to: FLORIDA DEPA	 ARTMENT OF STA	TE			
	X \$125.00 Filin	g Fee \$130.00 Filing For Certificate of			00 Filing I itus & Cert		

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

(Name of Foreign	Limited Liability Company; must mehale "Limi	ited Liability C	ompany," "L.L.C.," or "LLC")			
se umivailable, enter alternate i	name adopted for the purpose of transacting business in F	londa The alten	nate name must include "Limited Liability Con-	Distance " " L. L. C. "		٠.
Oregon			·	, , , , , , , , , , , , , , , , , , , ,		•
fursediction under the law of w	high foreign lunited liability company is organized)	3	(FIII number, if app	lucable)		
			ii iii manoci, ii app	neable)		
	(Date first transacted business in Florida it prior to (See sections 605 0904 & 605 0905; F.S. to deter-	o registration)				
445033		mank penang mao	mr, /			
4450 Northwest		6.	16797 SE 130th Avenue			
(Street Address of F	Principal Office)	_	(Mailing Address)			
Miami, FL 3316	66		Clackamas, OR 97015			
		-				
ague and street address					20	
ame and street addres	s of Florida registered agent: (P.O. Bo.	N <u>OT</u> acco	eptable)	2+ ; T 2	20191	
ame and street addres	s of Florida registered agent: (P.O. Bo.	N <u>NOT</u> acce	eptable)		2019 用高Y	
	s of Florida registered agent: (P.O. Bo. NRAI Services, Inc.	N <u>OT</u> acco	eptable)		2019 HAY 21	
ame and street addres Name:		N <u>OT</u> acce	eptable)	A Control of the Cont	2019 HAY 20	
Name:		N <u>OT</u> acco	epiable)		2019 MAY 20 PH	
	NRAI Services, Inc.	NOT acco	eptable)		2019 HAY 20 PH 3:	
Name:	NRAI Services, Inc.	N <u>OT</u> acce		The Control of the Co	20 PH 3: 2	
Name:	NRAI Services, Inc. 1200 South Pine Island Road	NOT acco			20 PH 3:	
Name: Office Address:	NRAI Services, Inc. 1200 South Pine Island Road Plantation	N <u>OT</u> acce		The Control of the Co	20 PH 3: 2	
Name: Office Address: tered agent's accept	NRAI Services, Inc. 1200 South Pine Island Road Plantation (Cny)		Florida		20 PH 3: 25	
Name: Office Address: tered agent's accept ag been named as reg	NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) ance: existered agent and to accept service of ion, I hereby accept the appointment a	process for	. Florida 33324 (Zap code) the above stated limited liability	annanin 14	20 PH 3: 25	
Name: Office Address: tered agent's accept been named as reg tated in this upplicate only with the provision	NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) since: eistered agent and to accept service of ion, I hereby accept the appointment accept service to the proper	process for	. Florida 33324 (Zap code) the above stated limited liability	annanin 14	20 PH 3: 25	
Name: Office Address: tered agent's accept been named as reg tated in this upplicate only with the provision	NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) ance: sistered agent and to accept service of	process for	. Florida 33324 (Zap code) the above stated limited liability	annanin 14	20 PH 3: 25	
Name: Office Address: tered agent's accept been named as reg tated in this upplicate only with the provision	NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) since: eistered agent and to accept service of ion, I hereby accept the appointment accept service to the proper	process for	. Florida 33324 (Zap code) the above stated limited liability	annanin 14	20 PH 3: 25	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity; Name and Address: Title or Capacity: Name: __Daniel C. Occhipinti Name: Pacific Seafood Procurement, LLC Manager Manager an Oregon LLC Address: 16797 SE 130th Avenue Member Member Address: 16797 SE 130th Avenue Clackamas, OR 97105 ☐ Authorized Authorized Clackamas, OR 97015 Person Person XOther Corporate Secretary Other____ Other_ Other___ of Dulcich, Inc., the Member of Pacific Seafood Procurement, LLC Name: Anthony J. Dal Ponte Name: _____ Manager Manager General Counsel Address: ____ Member Member 16797 SE 130th Avenue Authorized [X] Authorized Clackamas, OR 97015 Person Person Other Other____ Other []] Other ■ Manager Manager Name: Member Member Address: Address: _____ Authorized Authorized Person Person Other____ Other____ Other___ Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. ∕Dal Ponte

Typed or printed name of signee

State of Oregon

OFFICE OF THE SECRETARY OF STATE

Corporation Division

Certificate of Existence 300B854G3

I, BEV CLARNO, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

PACIFIC SEAFOOD - MIAMI, LLC

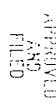
is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificates

2019 EAY 20 PH 3:





In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BEV CLARNO, SECRETARY OF STATE

5/9/2019