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TRANSMITTAL LETTER

TO: Registration So Division of Co			
SUBJECT: COOL, L	LC		
30 0 000		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
RICHAR	D L RIESENBERG		
	G	Name of Person)	
RICHARD L RIESEI	NBERG ACCOUNTING		
	(1	Firm/Company)	
644 E HALL	ANDALE BEACH BOULEV		
		(Address)	
HALL	ANDALE BEACH FL 33009	3	
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
RICHARD L RIESEN	BERG	at (954) 458-5514	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	r the following amount:		5 e 9
☐ \$125.00 Filing Fee		☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is Enclosed)
	ET ADDRESS: ration Section	MAILING A Registration S	[m]

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	TON PLONDA LAMILED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability C	Company is:
COOL, LLC	
ARTICLE II - Address: The mailing address and street addr	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10355 HAMMOCKS BOULEVARD	10355 HAMMOCKS BOULEVARD
MIAMI FL 33196	MIAMI FL 33196
The name and the Florida street add JANE JOHNSON	
10355 HAMMOC	KS BOULEVARD
Fic	orida street address (P.O. Box NOT acceptable)
MIAMI 33196	PI.
	City, State, and Zip
liability company at the place de registered agent and agree to act in statutes relating to the proper and accept the obligations of my pos	igent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and ition as registered agent as provided for in Chapter 608, F.S.
/ Regi	istered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGRM	JANE JOHNSON		
	11054 SW 148TH PLACE		
	MIAMI FL 33196		
MEMBER	KENT JOHNSON		
	11054 SW 148TH PLACE		
	MIAMI FL 33196		
MEMBER	MARIA CANARTE VALERA		
	16224 SW 100 TERRACE		
	MIAMI FL 33196		

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JANE JOHNSON

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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