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Page 1

Division of Corporations

Page 1 of

Florida Department of State

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Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : DAVID TORCHIN, C.P.A., P.A.

Account Number : 119990000007 Phone : (954)472-3124 Fax Number : (954)472-0067

FLORIDA PROFIT CORPORATION OR P.A.

Be Kool, Inc.

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Page 2

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ARTICLES OF INCORPORATION

Be Kool, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Be Kool, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Principal Place of Business:

Mailing Address:

8000 W Broward Blvd., #5524

Plantation, FL 33324

8310 Sand Point Blvd., #L207

Tamarac, FL 33321

Phone Number:

954-557-3607

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Thousand Shares (1000.) at One Dollar (\$1.00) par value per share.

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ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alicia O'Conner 8310 Sand Point Blvd., #L207 Tamarac, FL 33321

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporators to these Articles of incorporation and the office each shall hold is(are):

President Alicia O'Conner 8310 Sand Point Blvd., #L207 Tamarac, FL 33321

The undersigned incorporator(s) has(have) executed these Articles	s of Incorporation this	3 rd	day of
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Signature

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Page 4/4

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<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

Be Kool, Inc.

2. The name and address of the registered agent and office is:

Alicia O'Conner 8310 Sand Point Blvd., #L207 Tamarac, FL 33321

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

Date

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