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(Re	questor's Name)	
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SECRETARY OF STATE

J. BRYAN

APR 25 2011

EXAMINER

COVER LETTER

	stration Section ion of Corporations
SUBJECT:	Cool Shirtz, LLC Name of Limited Liability Company
The enclosed	Articles of Organization and fee(s) are submitted for filing.
Please return	Il correspondence concerning this matter to the following:
	Christopher M. Rouriguez
	Cool Shirtz, LLC
	10103 PADDOCK DAKS Drive
	Riverview FL 33569
	City/State and Zip Code CRODE S+A+Ewibe-LLC. Com E-mail address: (to be used for future annual report notification)
For further inf	ormation concerning this matter, please call:
Chris !	phen M. Rongiguez at (813) 244-7187 Name of Person Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:
\$125.00 Filing	Fee \$\int_{\$130.00}\$ Filing Fee & \$\int_{\$155.00}\$ Filing Fee & \$\int_{\$160.00}\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Rucaview, FL 33569	<- Same as office
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Christophen Name	M. Rooriguez ARR 22 F
Riverview	ress (P.O. Box <u>NOT</u> acceptable)
77 . 1	

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
_	
MGRM	Chais topher M. Konnique
	RIVERVIEW FL 33569
AA () () AA	, ,
MGRM	10103 PADDOCK DOKS DRI
	Riveries FL 33569
	ZS.
	P.2
	27
	SEE
	<u></u>
(Use attachment if necessary)	
I F V. Effortivo data if atharther	the date of filing: . (OPTION
	the date of filing: (OPTION st be specific and cannot be more than five business dates the specific and cannot be more than five business dates and cannot be cannot be cannot be cannot be cannot
days after the date of filing.)	•
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
	mber or an authorized representative of a member.

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)

Christophen A Conquez
Typed or printed name of signee