

# LO2 000025518

September 24, 2002

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

000008083370--0  
-09/27/02--01074--003  
\*\*\*\*125.00 \*\*\*\*125.00

100008078641--8  
-09/27/02--01056--073  
\*\*\*\*125.00 \*\*\*\*125.00

To Whom It May Concern:

Please mail all correspondence to the address below:

Timothy P. Lailer  
3167 Jackson Ave.  
Miami, FL 33133

Daytime Phone Number: (305) 569-6800

Sincerely,

  
Timothy P. Lailer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 SEP 27 AM 9:17

FILED

LO2-25518

JK

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

COLD WEAR, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

3167 JACKSON AVE. MIAMI, FL 33133

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

TIMOTHY P. LAILER

Name

3167 JACKSON AVE

Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33133

City, State, and Zip

*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

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)



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.)

TIMOTHY P. LAILER

Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SEP 27 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED