# 103000039908

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EFFECTIVE DATE
10-16-0310-16-0310-16-03-



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 30, 2003

HUGH D. FISH, JR. P.O. BOX 531 MACCLENNY, FL 32063

SUBJECT: ALTERNATIVE REFRIGERATION TECHNOLOGIES, INC.

Ref. Number: W03000027938

We have received your document for ALTERNATIVE REFRIGERATION TECHNOLOGIES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Letter Number: 103A00053709

Tammi Cline Document Specialist

#### TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	ALTERNA	ATIVE REFRIGE	RATION TECHNOL	OGIES, INC.	
		Proposed corporate	name - must include su	ıffix)	
Enclosed is for:	s an origina	l and one (1) cop	y of the articles of	incorporation and a	check
	\$70.00	\$78.75	x \$122.50	\$131.25	
Fi	ling Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	
	FROM:	HUGH D.	FISH, JR.		
Name (printed or typed) 34 S. FIFTH STREET P.O. BOX 531				<u>.</u> .	
		<del>,</del>	Address		<u> </u>
		MACCLEN	NY, FL 32063		* *
		С	ity, State & Zip		·

NOTE: Please provide the original and one copy of the articles.

(904) 259-6606 or 6705

Daytime Telephone number

#### TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

	IVE REFRIGERATION TECHNOLO posed corporate name - must include suff	<del></del>		
or : \$70.00 [ Filing Fee	and one (1) copy of the articles of in  \$\alpha \frac{1}{2} \cdot	stance of the control	check	
FROM:	HUGH D. FISH, JR.  Name (printed or typed)  34 S. FIFTH STREET		* . <del>_</del>	
	P.O. BOX 531  Address			- · ·
	MACCLENNY, FL 32063 City, State & Zip		( <del>-</del> - + + +	-
	(904) 259-6606 or 6705			

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

### ARTICLES OF ORGANIZATION

OF:

#### ALTERNATIVE REFRIGERATION TECHNOLOGIES, LLC.

(A Florida Limited Liability Company)

The undersigned subscribers to these Articles of Organization, natural persons competent to contract, hereby form this Company under the laws of the State of Florida.

#### ARTICLE I. NAME AND LOCATION

The name of this company for profit shall be ALTERNATIVE REFRIGERATION TECHNOLOGIES, 222, 7378 Oakridge Loop, Glen St. Mary, Florida 32040, whose mailing address is P.O. Box 597, Macclenny, Florida, 32063.

#### ARTICLE II. DURATION

10-10-03

This company shall have perpetual existence and shall commence to exist as of the filing date of these Articles of Organization.

#### ARTICLE III. PURPOSE

This company is organized for the purpose of servicing and installing alternative refrigeration for equipment and facilities, and all business relating to refrigeration and cooling, and any and all

types of other lawful business.

#### ARTICLE IV. INITIAL REGISTERED OFFICE AND AGENT

The name and address of the initial registered agent, and office of this company is as follows: **EMIL CLAYTON LYONS**, 106 West Boulevard North, Macclenny, Florida, 32063.

#### ARTICLE V. INITIAL MANAGER

This company shall have one manager initially. The number of managers may be either increased or decreased from time to time by an amendment of the bylaws of the company in the manner provided by law, but shall never be less than one. The name and address of the initial manager of this company is **FRANK WELBORN**, **III**, **President**, 7378 Oakridge Loop, Glen St. Mary, Florida, 32040.

#### ARTICLE VI. MEMBERS OF LIMITED LIABILITY COMPANY

The names and addresses of the members signing these Articles of Organization are as follows:

FRANK WELBORN, III, 7378 Oakridge Loop, Glen St. Mary, Florida 32040

VERNON ORTAGUS, 2988 Plummer Cove Road, Jacksonville, Florida 32223

JAMES H. DUNCAN, 12646 Duncan Trail, Sanderson, Florida 32087

LEWIS P. PLATT, SR., 5143 Farm Creek Rd., St. Augustine, Florida 32092

JOHN B. MILLER, 417 Morning Glory Lane North, Jacksonville, Florida 32259

#### ARTICLE VII. RESTRICTIONS ON TRANSFER OF OWNERSHIP

This Limited Liability Company is originally established by five (5) members as identified by their signatures hereto. Said members each own a twenty percent (20%) undivided interest in the Limited Liability Company. Each member, by signature hereto, agrees that their right to sell their respective interest in the Limited Liability Company is limited by a right of first refusal which must be given in writing sixty (60) days in advance of any sale. Said notice shall be given to each of the remaining members of this Limited Liability Company who shall have the right to purchase the interest being sold at the price and terms upon which the selling member is willing to sell.

#### ARTICLE VIII. OFFICERS

The everyday operation of the corporation shall be conducted and managed by the managing member which shall be; **FRANK WELBORN**, **III**, 7378 Oakridge Loop, Glen St. Mary, Florida 32040, who shall also be designated as President. The following members shall be designated by office as shown with traditional duties of said office:

**VERNON ORTAGUS - VICE PRESIDENT** 

JAMES H. DUNCAN - VICE PRESIDENT

LEWIS P. PLATT, SR. - SECRETARY

JOHN B. MILLER - TREASURER

#### ARTICLE IX. AMENDMENT TO ARTICLES

This company reserves the right to amend or repeal any provisions contained in these

Articles of Organization, or any amendment hereto, and any right conferred upon the members

is subject to this reservation.

#### ARTICLE X. BYLAWS

The power to adopt, alter, amend, or repeal bylaws shall be vested in the members.

IN WITNESS WHEREOF the undersigne Organization this day of AUGUST, 2003, County, Florida.	ed subscriber has executed these Articles of at
County, Florida.	Finds Willen III
	FRANK WELBORN, III
	PRESIDENT
STATE OF FLORIDA COUNTY OF <u>Baker</u>	
III, known to me known to be the person who executed and he acknowledged to and before me that he executed the second sec	cuted such instrument.
IN WITNESS WHEREOF, I have hereu	nto set my hand and seal this day of
AUGUST, 2003. September  JESSICA MILTON Noticey Public - Stots of Horida My Contribion & CC987609	Notary Public, State of Florida My Commission Expires: /2-/2-04
Organization this 29 day of AUGUST, 2003, County, Florida.	ed subscriber has executed these Articles of at Masc knny
	VERNON ORTAGUS VICE PRESIDENT

## STATE OF FLORIDA COUNTY OF Baker

**BEFORE ME**, the undersigned authority, personally appeared, **VERNON ORTAGUS**, known to me known to be the person who executed the foregoing Articles of Organization, and he acknowledged to and before me that he executed such instrument.

AUGUST, 2003.  Notory Public - Stolle of Horida My Commission Exprise Dec 12,2004 Commission & CC2887809	Notary Public, State of Florida My Commission Expires: /2-/2-04
IN WITNESS WHEREOF the undersigned Organization this 15 day of AUGUST, at County, Florida.	ed subscriber has executed these Articles of Maccheny, Baker
	JAMES H. DUNCAN VICE PRESIDENT
STATE OF FLORIDA COUNTY OF BUKE	· · · · · · · · · · · · · · · · · ·
BEFORE ME, the undersigned authority, known to me known to be the person who executed acknowledged to and before me that he executed s	
IN WITNESS WHEREOF, I have hereu AUGUST, 2003.	unto set my hand and seal this 15 day of
PAMELA G. SMITH  MY COMMISSION # DD 243534  FL Notary Discount Assoc. Co.	Panla D. Smul.  Notary Public, State of Florida  My Commission Expires: 9-21-2007
<del>_</del>	ed subscriber has executed these Articles of
Organization this 29 day of AUGUST, 2003  Baker County, Florida.	, at
	LEWIS P. PLATT, SR.

**SECRETARY** 

## STATE OF FLORIDA COUNTY OF Baker

**BEFORE ME**, the undersigned authority, personally appeared, **LEWIS P. PLATT, SR.**, known to me known to be the person who executed the foregoing Articles of Organization, and he acknowledged to and before me that he executed such instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 29 day of AUGUST, 2003.

Motory Public S. of Plondo

My Commission Engine Page 12, 2004

Commission & CC987609

Notary Public, State of Florida My Commission Expires: 12-12-04

IN WITNESS WHEREOF the undersigned subscriber has executed these Articles of Organization this 20 day of AUGUST, 2003, at maching.

County, Florida.

JOHN B. MILLER TREASURER

STATE OF FLORIDA
COUNTY OF Baker

**BEFORE ME**, the undersigned authority, personally appeared, **JOHN B. MILLER**, known to me known to be the person who executed the foregoing Articles of Organization, and he acknowledged to and before me that he executed such instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 29 day of AUGUST, 2003.

JESSICA MILITON
Notary Public - State of Horido:
My Commission Bedicas Dec 12,2004
Commission # CC987607

Notary Public, State of Florida

My Commission Expires: 12-12-09

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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.

LLC.

1. The name	of the corporation is:_	ALTERNATIVE	REFRIGERATION	TECHN	OLOG:	ŒS,
					<u>.</u>	
2. The name	and address of the reg	istered agent an	d office is:			
	EMIL CLA	YTON LYONS				
_		(Name)	·	- 70	· .	·
	106 WEST	BOULEVARD NO	ORTH	<u></u>	:	
_		. Box <u>not</u> acceptab		<b>-</b> (*.50	<u> </u>	
	MACCLENN'	Y, FLORIDA 32	2063	ry sa		
*	——————————————————————————————————————	(City/State/Zip)			-	•
as registerea	. 1	gent and to acce e designated in t and agree to ac tatutes relating t with and accep	ot service of proce his certificate, I he tin this capacity. I to the proper and c t the obligations of	ss for the reby acc further a omplete my pos	e cept agree perfo ition	r-
8.1	at to		a/19/03			

(Signature)