

W5000044551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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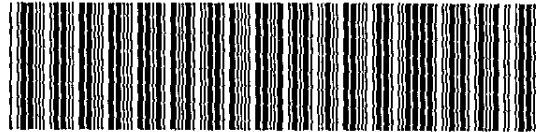
Special Instructions to Filing Officer:

5/4

FL

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Office Use Only



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05/04/05--01010--013 **480.00

MJH

05 MAY -4 PM 2:57

Flo McCalla
3399 FOXCROFT ROAD #105
MIRAMAR, FL 33025
(954) 704-7967

April 29, 2005

The registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Fl 32314

Dear Sir:

Enclosed are articles of organization for the following companies:

1. **Six Steps Holdings L.L.C.** \$160.00 (filing Fee for Article of
Organization and Designation of Registered Agent, Certified copy, Certificate of
Status)
2. **FAMS L.L.C.** \$160.00 (filing Fee for Article of
Organization and Designation of Registered Agent, Certified copy, Certificate of
Status)
3. **Cool Shades Enterprises L.L.C.** \$160.00 (filing Fee for Article of
Organization and Designation of Registered Agent, Certified copy, Certificate of
Status)

Total amount of check enclosed is \$480.00 to cover the above.

Kind regards,


Flo McCalla

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cool Shades Enterprises L.L.C

ARTICLE II - Address:

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

Principal Office Address:

5709 Tuscany Terrace
Tamarac, Fl 33321

Mailing Address:

5709 Tuscany Terrace
Tamarac, Fl 33321

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

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

Paul McCormack

Name

5709 Tuscany Terrace

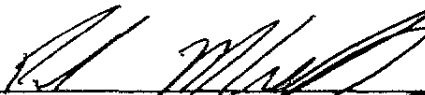
Florida street address (P.O. Box **NOT** acceptable)

Tamarac, Fl 33321

FL

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

(CONTINUED)

05 MAY -4 PM 2:57

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Paul McCormack

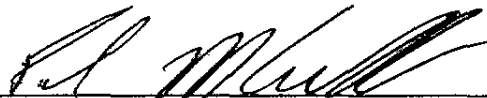
5709 Tuscany Terrace

Tamarac, FL 33321

(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.)

Paul McCormack

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)