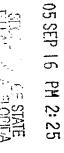
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### COVER LETTER-

TO: Registration S Division of Co		
SUBJECT:	RIOS COOCLAG LLC (Name of Limited Liability Company)	
50202011	(Name of Limited Liability Company)	<u></u>
The enclosed Articles of	of Organization and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
FR	MANCESCO RIOS	
	(Name of Person)	
	(Firm/Company)	·
12590	$NE 16^{TM} AVE$ $Soite 40^{\circ}$ (Address) $AW1, FC, 33161$ (City/State and Zip Code)	05 SEP
	(Address)	——————————————————————————————————————
N.MIX	Any, FC, 33161	
<del></del>	(City/State and Zip Code)	- IOR
For further information	n concerning this matter, please call:	DA 25
PRANCISCO	Aus 5 at (305) 875-5565  ne of Person) (Area Code & Daytime Telephone Number)	
(Nam	ne of Person) (Area Code & Daytime Telephone Number)	<del>i</del> -
Enclosed is a check f	for the following amount:	
□ \$125.00 Filing Fee	Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	ору
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

RIOS COOLING, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

#### **ARTICLE II - Address:**

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

Principal Office Address:	Manue Address:
12590 NE 16 AVE SUITE 409	
NORTH MIAMI, FC, 33/6/	
•	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

FRA	71C(	500 /	2005	
		Name	=	
12590	NE	16" AVE	SUITE	409
Florida street address (P.O. Box NOT acceptable)				
NORTH WIAMI FL 33/6/				
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 (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each Manager of Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	FRANCISCO RUS 12580 NE 167 AVE 409 N. MA, FL, 33(61	
(Use attachment if necessary)  APTICIEV: Effective date if other than the date	te of filing: 9-15-05 (OPTIONAL)	
(If an effective date is listed, the date must be prior to or 90 days after the date of filing.)	e specific and cannot be more than five business days	
<b>REQUIRED SIGNATURE:</b>		

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

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.)

FRANCISCO RIOS

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)