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SECRETARY OF STATE OF CORPORATIONS
ON THE PH I: 45

COVER LETTER

TO: Registration Son Division of Co				
SUBJECT: KOOL	PLAYGROUNDS			
	(Name of Limite	d Liability Company)		
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:	5	=
DENNIS	R. TALBOTT		06 MAY 18 PA	ASSIGNE ASSIGNED
	(Name of Person)		验
			8	, 32
	. ((Firm/Company)		- 953 - 953 - 953
1653 Flo	under Street			: +5
		(Address)		
St Cloud	d, Florida 34771			
<u> </u>		/State and Zip Code)		
	,			
For further information	concerning this matter, please	call:		
DENNIS R. TA	ALBOTT	_{at (} 407 ₎ 891-28	30	
(Name	e of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle	

	ORIDA LIVITED LIABILITY COMPANY
ARTICLE I - Name:	d Company" or their abbreviation "LLC," or "L.C.,")
The name of the Limited Liability Company is:	6
	美
KOOL PLAYGROUNDS, LLC	Ø ģ
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ADTICLE II Address.	· · · · · · · · · · · · · · · · · · ·
The mailing address and street address of the nu	inginal office of the Limited Liebilia. Commence
The maining address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4050 Flour des Otre et	4050 Flouriday Ottonat
1653 Flounder Street	1653 Flounder Street
St. Cloud, Florida 34771	St. Cloud, Florida 34771
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
DENNIS R. TALBOTT	
Name	
1653 Flounder Street	
Florida street add	ress (P.O. Box NOT acceptable)
St. Cloud, Florida 34771	FL
City, State, a	nd 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

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

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

"MGRM" = Managing Member		061
MGR	DENNIS R. TALBOTT 1653 Flounder Street St. Cloud, Florida 34771	06 MAY 18
(Use attachment if necessary)		
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	e date of filing: (Cope specific and cannot be more than five bus	PTIONAL iness days
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.)

DENNIS R. TALBOTT

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)