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FILED SECRETARY OF STATE DIVISION OF CORPORATION

G. MCLECD
MAR 17 2008
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Frostbite Refrigeration. LLC (Name of Limited Liability Company)
The end	osed Articles of Organization and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Samuel Ellin Fr. (Name of Person)
,	(Name of Leasin)
,	(Firm/Company)
	1816 Tinsmith cir
	(Address)
	City/State and Zip Code)
For fur	her information concerning this matter, please call:
8	(Name of Person) at (P13) 833-7124 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a check for the following amount:
 \$125	00 Filing Fee \$\begin{array}{c} \text{\$130.00 Filing Fee & } & \text{\$\subseteq \$\$\$}\$\$ \$155.00 Filing Fee & \text{\$\subseteq \$\$}\$\$ \$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$\$ \$\$\$\$\$\$
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	Т	I	C	L	E	1	-	N	Ī	a	m	le	
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The name of the Limited Liability Company is:

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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

Lutz Fl 33559	1816 Tibsuith Cir- Lutz Fl 33559
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: sered Agent. You must designate an individual or another
The name and the Florida street address of the remarks and Ellin Name	egistered agent are:

FL 33559 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' 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MGR	Samuel Ellin Fr 1816 Tinsmith cir Lutz Fr 33559				
MGRM	Samuel Ellin SR 1816 Tinsmith cir Lutz F1 33559				
					
(Use attachment if necessary)					
ARTICLE V: Effective date, if other than	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior				
REQUIRED SIGNATURE: Signature of a mer	mber 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.) 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)