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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

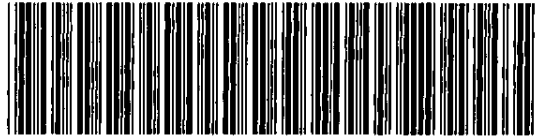
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE 2/24/09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 FEB 27 PM 4: 25

FILED

B. KOHR

MAR - 2 2009

EXAMINER

**COVER LETTER.**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CARIBBEAN COOLER LLC.  
(Name of Limited Liability Company)

**EFFECTIVE DATE** 2/24/04

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FILED  
09 FEB 27 PM 4:23  
TALLAHASSEE, FLORIDA

JEFFREY T. BRADY  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1918 NW 36TH AVE.  
(Address)

CAPE CORAL FL. 33993  
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFREY T. BRADY at ( 813 ) 784-7453  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

EFFECTIVE DATE 2/24/04

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CARIBBEAN COOLER LLC

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

FILED  
09 FEB 27 PM 4: 25  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1918 NW 36<sup>th</sup> Ave.  
Cape Coral FL 33993

1718 NW 36<sup>th</sup> Ave  
Cape Coral FL 33993

**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:

JEFFREY T. BRADY  
Name

1518 NW 36<sup>th</sup> Ave.  
Florida street address (P.O. Box **NOT** acceptable)

Cape Coral FL 33993  
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)

**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:**

MGRM

JEFFREY T. BRADY  
118 NW 36<sup>TH</sup> AVE.  
CAPE CORAL FL. 33993

MGRM

SARAH BRADY  
118 NW 36<sup>TH</sup> AVE.  
CAPE CORAL FL. 33993

\_\_\_\_\_

\_\_\_\_\_

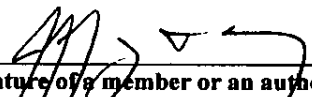
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2/24/07. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

JEFFREY T. BRADY  
\_\_\_\_\_  
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)