

# L10000005485

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

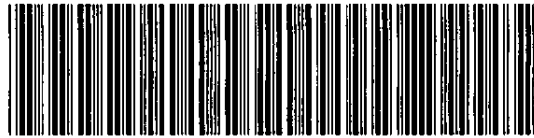
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2010 JAN 14 AM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

JAN 15 2010

EXAMINER

Thursday, January 08, 2010

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Registration Section:

My name is

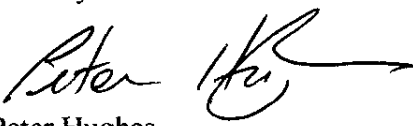
Peter Hughes  
23244 Copante  
Mission Viejo, CA 92692.

I am to be the Finance Vice President for Koldtek, LLC for which we are submitting the registration papers herewith. I may be reached at 949-680-9620.

A check is enclosed for \$160.00.

I look forward to receiving confirming papers at our Deerwood Park office in Jacksonville.

Thank you

  
Peter Hughes

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Koldtek, LLC**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

**Peter Hughes**

Name of Person

**Koldtek, LLC**

Firm/Company

**10151 Deerwood Park Blvd, Bldg 200 Suite 250**

Address

**Jacksonville, FL 32256**

City/State and Zip Code

**pdhughes@wazagua.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Peter Hughes**

Name of Person

at ( **949** ) **680-9620**

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Koldtek, LLC

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

## ARTICLE II - Address:

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

### Principal Office Address:

10151 Deerwood Park Blvd  
Building 200 Suite 250  
Jacksonville, FL 32256

### Mailing Address:

10151 Deerwood Park Blvd  
Building 200 Suite 250  
Jacksonville, FL 32256

## 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:

Ed Garcia

Name

98 Pecan Run

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

Ocala, FL 34472 FL

City, State, and Zip

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2010 JAN 14 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

FILED

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

The name and address of each Manager or Managing Member is as follows: 2010 JAN 14 AM 10:25

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

Jeffrey Garcia

462 Doris St

Grand Rapids, MI 49505

MGRM

Peter Hughes

23244 Copante

Mission Viejo, CA 92692

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/9/2010 (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.)

Peter David Hughes

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)