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10 SEP 20 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 21 2010

EXAMINER



250 N. Westlake Blvd. | Suite 240 | Westlake Village, CA 91362

September 16, 2010

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Kool Sons LLC

To whom it may concern:

The Enclosed Articles of Organization and Fee(s) are submitted for filing.  
Also, please find enclosed a check for state filing fees in the amount of **\$155.00**  
made payable to the FL Dept of State. For information to this filing at the  
undersigned.

Thank you in advance and please return all correspondence in regards to this filing  
using the pre addresses stamped envelope included.

Sincerely,

**Amanda J. Beren, Document Processor**  
CorpNet™, Incorporated  
888-449-2638 Ext. 105  
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

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10 SEP 20 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Kool Sons, 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:**

1126 Lake Miriam Dr.  
Lakeland, FL 33813

**Mailing Address:**

1126 Lake Miriam Dr.  
Lakeland, FL 33813

**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:

Monica Smiley

Name

1126 Lake Miriam Dr.

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

Lakeland FL 33813

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 or Managing Member is as follows:

**Thomas Himes Sr.**  
**4020 Festival Pointe Blvd.**  
**Mulberry, FL 33860**

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