12000004302

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					





400215463914

01/09/12--01021--035 **130.00

T. CLINESSEE FLORING STANLING STANLING SOLVER STANLING SOLVER SAMINER

COVER LETTER

TO:

Registration Section

Division of C	Corporations				
SURJECT: Cruzin	Cooler of Florida, LLC				
		ed Liability Com	pany		
The enclosed Articles	of Organization and fee(s) are	submitted for fili	ng.		
Please return all corre	spondence concerning this mat	ter to the following	ng:		
W. David B	lackburn		<u> </u>		
		Name of Person			
		Firm/Company			
11649 Mor	ntez Lane				
		Address			
J <u>acksonville</u>				· · · · · · · · · · · · · · · · · · ·	
dblackburns	Cit 55@gmail.com	y/State and Zip Co	de		
<u>aoiaonoarric</u>	E-mail address: (to be used f	or future annual re	port notification	1)	-
For further information	n concerning this matter, please	e call:			
W. David Blackburn		at (904	<u>307-667</u>		
Nam	e of Person	Area Coo	le & Daytime T	elephone Number	
Enclosed is a check	for the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)			WELL TO
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton I 2661 Ex	Courier Addre tion Section of Corporation Building secutive Cente see, FL 32301	ons Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR	FLORIDA LIVILI ED LIADII	ATT COMPANT
ARTICLE I - Name: The name of the Limited Liability Company:	is:	
Cruzin Cooler of Florida, LLC		
(Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
1649 Montez Lane	PO Box 601048	
lacksonville, Fl 32223	St. Johns, Fl 32260	
· · · · · · · · · · · · · · · · · · ·		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the W. David Blackburn Nan	gistered Agent. You must designate an indi	
Nan	ne	
11649 Montez Lane		
	address (P.O. Box <u>NOT</u> acceptable)	
Jacksonville	FL32223 State, and Zip	
City,	State, and Zip	
Having been named as registered agent and t liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	n this certificate, I hereby accept i city. I further agree to comply wil performance of my duties, and I c	the appointment as th the provisions of all am familiar with and Chapter 608 F.S
W. 12014	1111	
Registered Agent's Sign	nature (REQUIRED)	ARY -9
, ,	, ,	79 3 M
(CONTI	NUED)	STATE OF STATE

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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR W. David Blackburn 11649 Montez Lane Jacksonville, FI 32223 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: ___ ___. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) W. DaviO BLACKBURN Typed or printed name of signee Filing Fees:

Page 2 of 2

= \$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)