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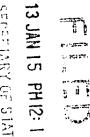
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: COOD DRINKS CAIORE Name of Limited Liability Company
The end	losed Articles of Organization and fee(s) are submitted for filing.
Please 1	eturn all correspondence concerning this matter to the following:
-	BRIAN Gilbert Name of Person
-	Firm/Company
	3005 PROSpect Street
	Address
-	Tallahassee, FL 32301
-	Tall chasser, FL 32301 City/State and Zip Code God. drinks. 9 Alore 22 amail. com E-mail address: (to be used for future annual report notification)
For furt	ner information concerning this matter, please call:
Z	rian Gilbert at (850) 443-1282
	Name of Person Area Code & Daytime Telephone Number
	ed is a check for the following amount:
□ \$125.0	O Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier Address50Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	•	
Cool Drinks CAlore (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
	3005 Prospect St Tallariassed, FLOT 32301	<u>r.</u> <u>r.d</u> a
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Si	gnature: l or another
The name and the Florida street address of the re	egistered agent are:	
Brian Gilber		
Tallanassee	ress (P.O. Box NOT acceptable) FL 32301 te, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete and accept the obligations of my position as regions.	his certificate, I hereby accept the d ity. I further agree to comply with a performance of my duties, and I d	appointment as the provisions of um familiar with
Registered Agent's Signatu	ure (REQUIRED)	13 JAN
(CONTINU		IS PHIS:
Page 1 of 2	1	유민 각 등의

ARTICLE	IV-	Manager(s)	or Managing	Member(s):
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MCR	Brian Gilbert 3005 Prospet Street Tallahassel, FL 32301

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 31,2013 (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.)

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)