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

COVER LETTER

TO: Registration Section
Division of Corporations

EASYCOOL DISTRIBUTORS,LLC

Name of Limited Liability Company

te enclosed Articles of Organization and fee(s) are submitted for filing.		
ease return all correspondence concerning this matter to the following:		<u>بة</u> خ
Armando olazabal		*1,
Name of Person	1	,,
	18 (g)	2013 H E ₹
Firm/Company	1 金芹	LT.
2345 Arch creek drive	(0) A	25
Address		- 5
North miami FL33181		
City/State and Zip Code	15	., 4
armandoolazabal@yahoo.com		

For further information concerning this matter, please call:

Armando Olazabal

୍ / ୪୭

286-1227

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
· · · · · · · · · · · · · · · · · · ·	
Easycool Distributors,lic	÷ .
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2345 arch creek drive north miami fl 33181	2345 arch creek drive north miami fl 33181
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individual or another
Armando olazabal Name	
V.	
2345 arch creek drive	, 2A*
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
north miami fi 331	181,
City, Sta	ate, and Zip
liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete	nccept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with eistered agent as provided for in Chapter 608, F.S

(CONTINUED)
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: "MGR" = Manager "MGRM" = Managing Member MGR Armando otazabal 2345 arch creek drive north miami fl 33181 (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.)

Armando olazabai

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)