#13000/29928

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K. SALY EXAMINER SEP 1 3 2013

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cold HAII 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:
Col+ HAII Name of Person
Col+HA11 LLC Firm/Company
Panama City Beach Address
PCB F1 32408
City/State and Zip Code Bead cat Lives @ Wahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Colt HAII at (850) 276, 2833 Name of Person Area Code & Daytime Telephone Number
Englosed is a check for the following amount:
■\$130.00 Filing Fee & Certificate of Status □ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration 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:	
COIH HAIL LLL (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "L.C.")
(Musi cita Muli die Mords Eminea Emeri	ty company, Edition, or Edit.
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Panama City Beach Fl 32408	8013 thomas drive Panama city Beach Fl 32408
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 Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Colt HAII	38 SE
8013 thomas Florida street add	drive PIZ PI
<u> </u>	ress (P.O. Box NOT acceptable)
Pamana City Fl City, Sta	FL 32408 te, and Zip 25
liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete	accept 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 gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
(Use attachment if necessary)	
FICLE V: Effective date, if other than an effective date is listed, the date is refer to or 90 days after the date of filing	must be specific and cannot be more than five business day.)
REQUIRED SIGNATURE:	M
Signature of a m	ember or an authorized representative of a member.
constitutes an affirmation I am aware that any false i	on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
Colta	Typed or printed name of signee
	Typed of printed figure of signed
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)