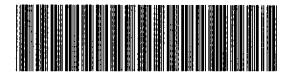
## 13000/4452/

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Pucin	ness Entity Na	mal
(Dusin	iess Entity Na	me)
(Docu	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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## **COVER LETTER**

	Division of Co			
SUBJEC	т: <u>С</u> Н	lucics Cool	SUN SCREENS	
		Name of Limit	ed Liability Company	
The enclo	sed Articles o	f Organization and fee(s) are	submitted for filing.	
Please ret	um all corresp	ondence concerning this matt	er to the following:	
_	Charle	es Felt		
			Name of Person	
	C Hucks	COOL SUN	Name of Person  Sare 225  Firm/Company	
			Firm/Company	
	2038	Sw Grant Nu	'< <u>,</u>	
	PORT S	T. LUCIE, FL.	34953  y/State and Zip Code  co Gmail c  for future annual report notification)	<u> </u>
	•	, Cit	y/State and Zip Code	
	CHUCKS	F-mail address: (to be used to	for future annual report notification	om T
		concerning this matter, please		24 10 OCT   1 M D: 56
CHU	XK FE	$\mathcal{E} \mathcal{L} \mathcal{T}$	at (56/) 306-2 Area Code & Daytime Telep	26/3
	Name	of Person	Area Code & Daytime Telep	hone Number
Englosed	l is a check fo	or the following amount:		
<b>21\$</b> 125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	Certificate of Status &
		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 C	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

CHUCKS COOK SUN SCREEN (Must end with the words "Limited Liability	ty Company. "L.L.C.," or "LLC.")
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:
2038 SW Grant Aug Port St Lugie, F1. 34953  ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	red Agent. You must designate an individual or mother
The name and the Florida street address of the re- $\frac{Cunnues F_{EL}}{\text{Name}}$	egistered agent are:
2038 Su GR	PANT RUE.
Florida street add PORT ST. LUCTE City. Sta	ress (P.O. Box <u>NOT</u> acceptable)

Registered Agent's Signature (REQUIRED)

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.

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing	Name and Address:  Member	
<u>MGR</u>	CHARLES FELT 2038 S.W. GRANT RUE. PORT ST. LUCIE, Fl. 3493	53
(Use attachment if neo	essary)	
(Use attachment if nec	f other than the date of filing: (OPTION	NAL)
CLE V: Effective date,	if other than the date of filing: (OPTION the date must be specific and cannot be more than five businate of filing.)	JAL) ness da
CLE V: Effective date, effective date is listed to or 90 days after the care of the care o	f other than the date of filing: (OPTION the date must be specific and cannot be more than five businate of filing.)  TURE:	ness da 2819
CLE V: Effective date, effective date is listed to or 90 days after the constitutes at I am aware the constitutes at I am awar	f other than the date of filing: (OPTION the date must be specific and cannot be more than five businate of filing.)  FURE:	ness da 28

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)