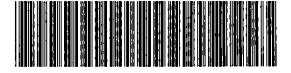
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SECRETARY OF STATE

Office Use Only

## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: COOL TOWELS OF KEYWEST L. L. C.  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:					
			WALTER KIRCHNER Name of Person		
			N/A Firm/Company		
536 AUENDE B Address					
KEY WEST, FL 33040 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
FRANK KIRWIN at (305) 304-5253  Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$\text{\$\subset\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certificate of St					
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:		
COOL TOWELS of KEY (Must end with the words "Limited Liability	WEST LLC.  Ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of		
Principal Office Address: Mai	ling Address:	
536 AVENUE B KEY WEST, FL 33040	SANE	
ARTICLE III - Registered Agent, Registered Office, & Registered Company cannot serve as its own Register another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent and the Florida street address (P.O. Box NOT a Florida street address (P.O. Box NOT a City  Having been named as registered agent and to accept service of	are: Agent. You must designate an advisional FEB 29 AM II: 52  Acceptable)  Zip	
Having been named as registered agent and to accept service of the place designated in this certificate, I hereby accept the appearacity. I further agree to comply with the provisions of all stone of my duties, and I am familiar with and accept the obligation.  Chapter 605,	pointment as registered agent and agree to act atutes relating to the proper and complete perf s of my position as registered agent as provide	in this Formance

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	FRANK KIRWIN 614 GRINNELL ST. KEY WEST, FL 33040
AMBR	NALT KIRCHNER 536 AVENUE B KEY WEST, FL 33040
	SECRETARY TALLAHASSE
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spethe date of filing.)	of filing: A A (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	
(In accordance with section 60 constitutes an affirmation unde I am aware that any false infor	ember or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
FRANCE	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)