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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (305)774-9606
Fax Number : (305)774-9660

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: angelicambh@hotmail.com

FLORIDA LIMITED LIABILITY CO.
MASTER COOLING CONTRACTORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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BUREAU OF CORPORATIONS
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MAR 05 2015
S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPOLICENSE INC.

PAGE 01/03

3/4/2015 9:58:14 AM PAGE 1/001 Fax Server



March 4, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPOLICENSE, INC

SUBJECT: MASTER COOLING CONTRACTORS, LLC
REF: W15000015481

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The articles of organization must be prepared in compliance with section 605.0201, Florida Statutes. We are enclosing the appropriate forms and instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

FAX Aud. #: H15000054404
Letter Number: 615A00004421

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CORPORATION DIVISION
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

3 pages!!
+ Ks. Mrs. Young!!

H15000054404

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
MASTER COOLING CONTRACTORS, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

MASTER COOLING CONTRACTORS, LLC

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

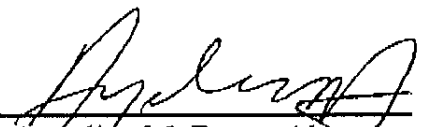
957 SW 116 Way
Fort Lauderdale, FL 33325

Mailing Address:

957 SW 116 Way
Fort Lauderdale, FL 33325

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15 FEB -4 PM 11:40
STATE OF FLORIDA
TALLAHASSEE

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:



Angelica M. Baena-Alonso
957 SW 116 Way
Fort Lauderdale, FL 33325

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STATE OF FLORIDA
TALLAHASSEE

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Having been named as registered agent and to accept service of process for the above stated Limited 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 605 F.S.

ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
AMBR	Angelica M. Baena Alonso 957 SW 116 Way Fort Lauderdale, FL 33325

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Angelica M. Baena Alonso

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

H15000054404.