

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000191660 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 : (302)575~0875

Fax Number

: (302)575-1642

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

Email Address:

### FLORIDA LIMITED LIABILITY CO.

#### **Kool Services LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-8381

8/10/2015 12:31:34 PM PAGE 1/001 Fax Server



August 10, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E-FILE SERVICES LLC

SUBJECT: KOOL SERVICES LLC

REF: W15000053626

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

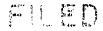
The principal and mailing address are different.,

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section FAX Aud. #: H15000191660 Letter Number: 015A00016775

Page:3/4

### H15000191660 3



15 AUG | | AM 7: 23

ARTICLE I - Name:
The name of the Limited Liability Company is:

Kool Services LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address: 916 East Avenue
Penama City, FL 32401

Mailing Address: 916 East Avenue
Panama City, FL 32401

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

## AGENTS AND CORPORATIONS, INC.

300 FIFTH AVENUE SOUTH SUITE 101-330

Florida street address (P.O. Box NOT acceptable)

NAPLES FL 34012

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..

Agents and Corporations, Inc.

Registered agent's Signature (Required)

John L. Williams, President

(CONTINUED)

Page 1 of 2

# H15000191660 3

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	77 V
MGR	Tam Nguyen 916 East Avenue
	Panama City, FL 32401
	1 thuma (My, 1 L 3240)
v	
<del></del>	
	•
V: Effective date, if other than the date of	f filing:
(Use attachment if necessary)  EV: Effective date, if other than the date of ctive date is listed, the date must be specifif filing.)  EVI: Other provisions, if any.	
EV: Effective date, if other than the date of ctive date is listed, the date must be specifif filling.)	
V: Effective date, if other than the date of ctive date is listed, the date must be specififiling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:	ber or an authorized representative of a member.
EV: Effective date, if other than the date of ctive date is listed, the date must be specifif filing.)  EV: Other provisions, if any.  Signature of a memi (In accordance with section 605)	ber or an authorized representative of a member.
SV: Effective date, if other than the date of ctive date is listed, the date must be specifif filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memi (In accordance with section 605 constitutes an affirmation under	ber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
SV: Effective date, if other than the date of ctive date is listed, the date must be specifif filing.)  VI: Other provisions, if any.  Signature of a memi (In accordance with section 605 constitutes an affirmation under 1 am aware that any false inform	ber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State
Signature of a mem  (In accordance with section 605 constitutes an affirmation under  a maware that any false inform constitutes a third degree felony	ber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State v as provided for in s.817.155, F.S.)
Signature of a mem  (In accordance with section 605 constitutes an affirmation under fam aware that any false inform constitutes a third degree felony	ber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State v as provided for in s.817.155, F.S.)
Signature of a memi (In accordance with section 605 constitutes an affirmation under 1 am aware that any false inform	ber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State v as provided for in s.817.155, F.S.)
V: Effective date, if other than the date of tive date is listed, the date must be specififiling.)  VI: Other provisions, if any.  Signature of a memi (In accordance with section 605 constitutes an affirmation under 1 am aware that any false inform constitutes a third degree felony	ber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State v as provided for in s.817.155, F.S.)  Mayyen  Typed or printed name of signor
Signature of a mem  (In accordance with section 605 constitutes an affirmation under a maware that any false inform  constitutes a third degree felony	ber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State v as provided for in s.817.155, F.S.)  Mayyen  Typed or printed name of signce  Filing Fees:
V: Effective date, if other than the date of cive date is listed, the date must be specififiling.)  VI: Other provisions, if any.  Signature of a memi (In accordance with section 605 constitutes an affirmation under 1 am aware that any false inform constitutes a third degree felony  7a  \$125.00 Filling Fee for Articles of Organ	ber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. 1.0203 (1) (a) the facts stated herein are true. 1.0203 (1) (b) and the facts stated herein are true. 1.0203 (1) (a) Typed or printed name of signor.
Signature of a mem  (In accordance with section 605 constitutes an affirmation under a maware that any false inform  constitutes a third degree felony	ber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. 1.0203 (1) (a) the document to the Department of State of as provided for in s.817.155, F.S.)  1. May yer  Typed or printed name of signee  Filling Fees: 1. Dizzation and Designation of Registered Agent

Page 2 of 2