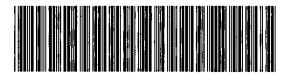
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(Requestor's Name)		
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PICK-UP WAIT MAIL		
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Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KUStom Koolers 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:

Ronald Bornes

Name of Person

Kustom Koolers LLC

Firm/Company

702 Chilt Drive

Address

Brandon FL 33510

City/State and Zip Code

Lisobarnes LOD msn. Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Barnes 813 3618780

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

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\$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPROVEL AND FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 DEC -4 PM 2: 19

Kustom Koolers LLC &

SECRETARY OF STATE TALLAHASSEE PLORIDA

(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:	Mailing Address:
702 Chilt Dr	702 Chilt Dr
	, <u> </u>
Brandon FL33510	Brancon FL 33510

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:

Roald Bornes

Name

702 Chilt Dr.

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

City State Zip

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2



Title: "AMBR" = Authorized Member	Name and Address: SECRETARY OF ST TALLAHASSEE, FLO
"MGR" = Manager	Honald Barnes
	Brandon FL 33516
(Use attachment if necessary)	
TICLE V: Effective date, if other than the date	of filing Jan 1, 2016 (OPTIONAL)
n effective date is listed, the date must be spe date of filing.)	cific and cannot be more than five business days prior to or 90 days afte
	neet the applicable statutory filing requirements, this date will not be listed
document's effective date on the Department	
FICLE VI: Other provisions, if any.	

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ronald Barnes
Typed or printed name of signce

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)