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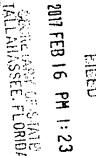
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COVER LETTER

*		•					
*		Registration Section Division of Corporations					
	SUBJEC	T: The Cool Marlin Company Name of Limited Liability Company					
		Name of Limited Liability Company					
	The enclo	osed Articles of Organization and fee(s) are submitted for filing.					
	Please ret	rurn all correspondence concerning this matter to the following:					
		David Short					
		Name of Person					
		Firm/Company					
		113 SW Wind Circle					
		Address					
		Port Saint Lucie, FL 34953					
	City/State and Zip Code aquamatepools@gmail.com						
		E-mail address: (to be used for future annual report notification)					
	For further	information concerning this matter, please call:					
		David Short at (772) 485 1115					
		Name of Person Area Code Daytime Telephone Number					
	Enclosed	is a check for the following amount:					
4	\$125.00	Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & } \bigcup \\$155.00 \text{ Filing Fee & } \bigcup \\$160.00 \text{ Filing Fee, } \\ Certificate of Status & \\ (additional copy is enclosed) \$160.00 \text{ Filing Fee, } \\ Certificate of Status & \\ Certified Copy \\ (additional copy is enclosed)					
		Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2017 FEB 16 PM 1:23

The Coo	l Marlin	Compan	y l	LLC
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SESERTIMERY OF STATE

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

ARTICLE II - Address:

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

<u>Principa</u>	Office Address:	Mailing Address:
113 SW Wind Circle		113 SW Wind Circle
Port Saint Lucie, FL 4953		Port Saint Lucie, FL 34953
(The Limited Liability Company of	annot serve as its own Regi	gistered Agent's Signature: stered Agent. You must designate an individual o
(The Limited Liability Company of another business entity with an ac	eannot serve as its own Registive Florida registration.)	stered Agent. You must designate an individual o
(The Limited Liability Company of another business entity with an ac	eannot serve as its own Registive Florida registration.)	stered Agent. You must designate an individual o
(The Limited Liability Company of another business entity with an ac	cannot serve as its own Reging tive Florida registration.) ddress of the registered agent	stered Agent. You must designate an individual o nt are:
	cannot serve as its own Regintive Florida registration.) ddress of the registered agented Registered Agents I	stered Agent. You must designate an individual on that are: NC.

33607 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

The name and addr			7011 LED 12
Title:		Name and Address:	2017 FEB 16
'AMBR" = Author			S 酸 a E Yan Yan
'MGR" = Manager	•	Elizabeth Helen Short	TALLAHASSEE.
AMBR		113 SW Wind Circle	
		Port Saint Lucie, FL 34953	
			······································
	<u></u>		<u> </u>
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