L17000133200

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)	······································		
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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SECRETARY OF STATE





June 6, 2017

GERARD STANLEY GORDON 1227 NE 5TH TERRACE APT #104 FORT LAUDERDALE, FL 33304 US

SUBJECT: CRYSTAL COOL AIR, FILTERS & REFRIGERATION LLC

Ref. Number: W17000047580

We have received your document for CRYSTAL COOL AIR, FILTERS & REFRIGERATION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6052.

JUAN A REYES Regulatory Specialist II

Letter Number: 717A00011342

COVER LETTER

	ew Filing Section ivision of Corporations				
SUBJECT	Crystal Cool Air, Filters & Refrigera	ation LLC			
SODULCT		mited Liability	Company		
The enclose	ed Articles of Organization and fee(s) a	re submitted fo	r filing.		
Please retur	rn all correspondence concerning this n	natter to the following	lowing:		
	Gerard Stanley Gordon				
	Name of Person				
	Crystal Cool Air, Filters & Refrigeration LLC				
	Firm/Company				
	1227 NE 5th Terrace Apt # 104				
	Address				
	Fort Lauderdale, FL 33304				
ï	glocky21@yahoo.com	City/State and I	Zip Code		
_	E-mail address: (to be use	d for future and	nual report notifica	ntion)	
For further in	nformation concerning this matter, plea	se call:			
	Gerard S. Gordon	954	793-0994		
	Name of Person	Area Code	Daytime Telepho	one Number	
Enclosed is	s a check for the following amount:				
\$125.00 Fi	iling Fee \$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy 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	N D C 20	ew Filing Section ivision of Corpora lifton Building 661 Executive Cer allahassee, FL 32	nter Circle	

$\textbf{ARTICLES} \ \textbf{OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY}$

The name of the Limited	1 Liability Company is:		•	
	l Air, Filters & Refrigeration LLC			
. (N	fust contain the words "Limited Li	ability Company	r, "L.L.C.," or "LLC.")	
ARTICLE II - Addres	·			
	I street address of the principal off	ice of the Limite	d Liability Company is:	
	Principal Office Address:		Mailing Address:	
- 1227 NE 5tl	Terrace Apt # 104	12:	27 NE 5th Terrace Apt # 104	
	dale, FL 33304		rt Lauderdale, FL 33304	
<u></u>	<u></u>			
ARTICLE III - Regist	ered Agent, Registered Office, &	Registered Ag	ent's Signature:	
(The Limited Liability)	Company cannot serve as its own F	Registered Agent	. You must designate an individ	ilual or
another business entity	with an active Florida registration	.)		
The name and the Flori	da street address of the registered a	agent are:		
				,
	Newtonne Natalie Ma	Newtonne Natalie Marcelin-Gordon Name		
•	• •	ranne	•	
•	6048 Forest Hill Apt			\mathbf{A}_{∞}
	Florida street address	Florida street address (P.O. Box NOT acceptable)		E.C. 7
	West Palm Beach	FL	. 33415	
	Citý	State	Zip	TAR AR
				Was Sol
Having been named as r	egistered agent and to accept service	ce of process for	the above stated limited liability	his candity I
piace designatea in this c further caree to comply	certificate, I hereby accept the appo with the provisions of all statutes re	inument as regist lating to the prot	erea agem una agree 10 acrim n per and complete performance o	71.5 CUPW (37)
am familiar with and acc	cept the obligations of my position c	is registered agei	n as provided for in Chapter 60	5, F. 55 N
			, , (1) (h,,	D '' VO
	(Nourton one	Motol	a Rober rolling and	Santa Labora)
	Registe	red Agent's Sign	nature (REQUIRED)	J. N. C.
•			/ ((/	

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company:

. *	Title: "AMBR" = Authorized "MGR" = Manager	I Member	Name and Address:		
	MGR = Manager		Gerard Stanley Gordon		
	MOK	-	1227 NE 5th Terrace Apt # 104		
	•		Fort Lauderdale, FL 33304		
			Poli Laudeldale, PL 33304		
	MGR		Newtonne Natalie Marcelin-Gordon		
	111011	-	6048 Forest Hill Apt # 104		
	•	•	West Palm Beach, FL 33415		
•			West Faint Deach, FL 55415		
		,			
					
	· · · · · · · · · · · · · · · · · · ·	- .			
			<u> </u>		
	(Use attachment if nec	essary) ·			
(If an the da <u>Note:</u> the do	effective date is listed, th te of filing.)	e date must be specific a is block does not meet the in the Department of State	g: (OPTIONAL) nd cannot be more than five business days prior to or 90 days after e applicable statutory filing requirements, this date will not be listed as e's records.		
AIX L L		•			
	REQUIRED SIGNA	vienne h	atalier Carcelin - Bordesco		
			or an authorized representative of a member.		
			accordance with section 605.0203 (1) (b), Florida Statutes.		
,			nation submitted in a document to the Department of State		
	consti	tutes a third degree felon:	vias provided for in a 817.155 F.S.		

Gerard S. Gordon & Newtonne N.M. Gordon

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)