## L18000183932

-	(Requestor's Name)
	(Address)
	(Address)
<del></del>	(City/State/Zip/Phone #)
PICK-UP	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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WILLIAMSSEE FLOWER

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K. PAGE

## **COVER LETTER**

	iling Section on of Corporations	
SUBJECT:	Cool Bear Ice Cream  Name of Limited Liab	Shop LLC
	Name of Limited Liab	ility Company
The enclosed Ar	rticles of Organization and fee(s) are submitte	ed for filing.
Please return all	correspondence concerning this matter to the	following:
	Ahmed Wadi Name o	
	Name o	of Person
	Cool Brar Ice C	ream Ship LLC Company
	22339 Sw 11	2 avenue
	Add	iress
	Miuni FL City/State a  Ceoblackhind84@gm E-mail address: (to be used for future	33170
	City/State a	and Zip Code
	E-mail address: (to be used for future	annual report notification)
For further inform	nation concerning this matter, please call:	
<u> </u>	Name of Person Area Code	) 560-5500 Daytime Telephone Number
Enclosed is a ch	eck for the following amount:	
\$125.00 Filing I	Certificate of Status Certi	.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Con	\ 18 ess \ (.	(Vacan C	in a 11 C	
(Must conta	in the words "Limited I	Liability Compar	hup LLC ny, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	Tice of the Limit	ted Liability Company is:	
<u>Principa</u>	d Office Address:		Mailing Add	ress:
21510 SW Miami F	109 Avenue		215/0 SW 109 Miam; FC	Avenue 33180
ARTICLE III - Registered Age (The Limited Liability Company				ndividual or
The name and the Florida street a	ctive Florida registration	agent are:		
•	ctive Florida registration	agent are:		
•	ctive Florida registration	agent are:  Williams Name  Shape	٠	
·	ctive Florida registration  Iddress of the registered  Charlie  20424 Su  Florida street address	agent are:  VIIIams  Name  SHA AV  (P.O. Box NO)	ر	
•	ctive Florida registration  Iddress of the registered  Charlie  20424 Su  Florida street address	agent are:  VIIIams  Name  SHA AV  (P.O. Box NO)	٠	

(CONTINUED)

2016 JUL 31 AM 8: 29

ARTICLE IV-

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

MBR" = Authorized Member  IGR" = Manager  ABL	<b>0</b>	
ABR		
	Ahmed Wadi	
	22339 SW 112 akenu Mism FC 33170	<del></del>
An a	•	
Mrs.	Charle Williams	ling Comp
	2024 SW 854 AVE MIAM	, FC 33
		<b>,</b>
<del></del>		<del></del>
se attachment if necessary)		
V. Effective data if other than the date of filings	: (OPTIONA	T V
nt's effective date on the Department of State's	s records.	will not be
vit's effective date on the Department of State s	s records.	
•	s records.	
VI: Other provisions, if any.	s records.	
•	s records.	
VI: Other provisions, if any.  EOUIRED SIGNATURE:		
EOUIRED SIGNATURE: Signature of a member or	s records.  an authorized representative of a member.  cordance with section 605.0203 (1) (b), Florida S	
EOUIRED SIGNATURE:  Signature of a member or This document is executed in acc I am aware that any false informa	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Sation submitted in a document to the Department	Statutes.
EQUIRED SIGNATURE:  Signature of a member or This document is executed in acc I am aware that any false informa constitutes a third degree felony a	ran authorized representative of a member. cordance with section 605.0203 (1) (b), Florida S ation submitted in a document to the Department as provided for in s.817.155, F.S.	Statutes. of State
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Signature of a member or This document is executed in acc I am aware that any false informa constitutes a third degree felony a  Charle W  Typed  \$125.00 Filing Fee for Articles of Organizations \$30.00 Certified Copy (Optional)	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Sation submitted in a document to the Department as provided for in s.817.155, F.S.  Illiams or printed name of signee  Filing Fees: on and Designation of Registered Agent	Statutes. of State
Signature of a member or This document is executed in acc I am aware that any false informa constitutes a third degree felony a  Charle W  Typed	ran authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Station submitted in a document to the Department as provided for in s.817.155, F.S.  Illiams or printed name of signee  Filing Fees: on and Designation of Registered Agent	Statutes. of State