## 118000210578

(Requestor's Name)				
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(Document Number)				
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## COVER LETTER

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	ew Filing Section ivision of Corporations		• •		
SUBJECT	Cool Breeze Cafe & Tiki Bar, LL	С			
SUBJECT	Name of Limited Liability Company				
The enclos	ed Articles of Organization and fee(s)	are submitted	for filing.		
Please retu	rn all correspondence concerning this	matter to the fe	ollowing:		
	Sharon McGee Hale, EA				
		Name of	Person		
	Hale, McGee & Associates, LLC				
	Firm/Company  883 W Granada Blvd  Address				
	Ormond Beach, FL 32174				
	sharon@halemcgeetax.com	City/State and	l Zip Code		
•	E-mail address; (to be us	ed for future a	inual report notification)		
For further is	nformation concerning this matter, plea	ase call;			
	Sharon McGee Hale	386	672-6742		
			Daytime Telephone Number		
Enclosed is	a check for the following amount:				
	ling Fee S130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & S160.00 Filing Fee, cd Copy 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		

## , ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Cool Breeze Cafe & Tiki Bar, LLC	
(Must contain the words "Limited l	Liability Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
he mailing address and street address of the principal o	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1643 Promenade Circle	1643 Promenade Circle
Port Orange, FL 32129-7516	Port Orange, FL 32129-7516
ARTICLE III - Registered Agent, Registered Office, The Limited Liability Company cannot serve as its own nother business entity with an active Florida registration has been and the Florida street address of the registered	Registered Agent. You must designate an individual or on.)
The Limited Liability Company cannot serve as its own nother business entity with an active Florida registratio he name and the Florida street address of the registered	Registered Agent. You must designate an individual or on.)  I agent are:
The Limited Liability Company cannot serve as its own nother business entity with an active Florida registratio	Registered Agent. You must designate an individual or on.)  I agent are:
The Limited Liability Company cannot serve as its own nother business entity with an active Florida registratio he name and the Florida street address of the registered	Registered Agent. You must designate an individual or on.)  I agent are:   e. EA   Name

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.

FL

State

32174

Zip

Ormond Beach

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## ARTICLE IV-

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

If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a he date of filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list the document's effective date on the Department of State's records.  ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of an authorized representative of a member.	Title: "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing:		1643 Promenade Circle
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing:	· ·	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing:		
ARTICLE V: Effective date, if other than the date of filing:		
If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a he date of filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list the document's effective date on the Department of State's records.  ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of an authorized representative of a member.	(Use attachment if necessary)	
Signature of a member of an authorized representative of a member.	If an effective date is listed, the date must be sp he date of filing.)  Note: If the date inserted in this block does not r the document's effective date on the Department	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a
Signature of a member of 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.	Signature of a me This document is execu I am aware that any false	ted in accordance with section 605.0203 (1) (b). Florida Statutes.

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)