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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	New Filing Section Division of Corporations		
SUBJECT	SUB-ZERO EVERYTHING	LLC	
SOBILE I		me of Limited Liabil	ity Company
The enclos	sed Articles of Organization and	fee(s) are submitted	for filing.
Please rett	irn all correspondence concernin	g this matter to the	following:
	FRID JEAN HONORE		
		Name of	Person
	SUB-ZERO EVERYTHING I	LC	
		Firm/Ce	ompany
	3241 SW 20 CT		
		Addr	ess
	FORT LAUDERDALE, FL 3.	3312	
	honorefred@yahoo.com	City/State an	d Zip Code
		be used for future a	innual report notification)
For further i	information concerning this matt	er, please call:	
	FRID JEAN HONORE	954 at (494-3747
	Name of Person		Daytime Telephone Number
Enclosed i	s a check for the following amou	int:	
□\$125,00) Filing Fee	tatus / Certifi	5.00 Filing Fee & US160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section Division
	Division of Corporations P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassec, F1, 32314		Tallahassee, FI, 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SUB-ZERO EVERYTHING LLC	
(Must conatin the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
FICLE II - Address:	
FIGLE II - Address: mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
mailing address and street address of the principal office	

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

	Name	·
3241 SW 20 CT		
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
FORT LAUDERDAL	E FL	33312

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 jurther 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)

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ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:			
MGR	FRID JEAN HONORE 3241 SW 20 CT FORT LAUDERDALE, FL 33312		_ _ _	
			-	
			_ _ _	
(Use attachment if necessary)			- - -	
(If an effective date is listed, the date must I the date of filing.) Note: If the date inserted in this block does the document's effective date on the Departr ARTICLE VI; Other provisions, if any.	date of filing: 1-4-21 (OPTIC pe specific and cannot be more than five business days proposed the applicable statutory filing requirements, this ment of State's records.	rior to or 90 date will no	ot be li	
REQUIRED SIGNATURE:				_
This document is ex I am aware that any	a member or an authorized representative of a member occurred in accordance with section 605.0203 (1) (b). Florio false information submitted in a document to the Department of the Department follows as provided for in s.817.155, F.S.	da Statutes.		
<u>FRID JEAN</u>	Typed or printed name of signee	- : : : : : : : : : : : : : : : : : : :	21 J/82 -	
\$125.00 Filing Fee for Articles o \$ 30.00 Certified Copy (Option: \$ 5.00 Certificate of Status (Op			10 S M4 S	-