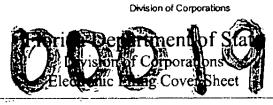
5/6/2021

To: 18506176381









Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001830843)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number

: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Casil	Address:			

## FLORIDA LIMITED LIABILITY CO.

# Bahama Cool Breeze LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Bahama Cool Breeze LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
11710 Central Parkway	11710 Central Parkway
Jacksonville, FL 32224	Jacksonville, FL 32224

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CT Corporation Syst	tem	
	Nina	
1200 South Pine Isla	and Road	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Plantation	FL	33324
C\v	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 fix expacity. 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 Capts 605, ES

Scott White
Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

21 MAY -6 AM 1: 32 SECRETARY OF SEATE

,	<u>Title:</u> "AMBR" = Authori "MGR" = Manag <del>e</del> r		Name and Address:	
	MGR		Christopher W. Ware 11710 Central Parkway Jacksonville, F1.32224	
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	(Use attachment if	necessary)		
effe le c	ective date is listed. of filing.)	, the date must be sp	e of filing:	e business days prior to or 90 da
		this block does not te on the Department	meet the applicable statutory filing to of State's records.	equirements, this date will not be
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	REOVIRED SIG	NATURE: Shu R.	Hardem, authorized	representative
		Signature of a m	Herolem, authorized reprinted in accordance with section	esent

Filing Fees:

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

Sharon R. Henderson
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

21 MAY - (P AM 1: 32