

# L22000053716

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP  
Account Number : I20190000020  
Phone : (786)953-7449  
Fax Number : (786)953-7450

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
COOL TOYS II LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Articles of Organization  
For  
Florida Limited Liability Company**

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

**Article I**

The name of the limited liability company is:  
**COOL TOYS II LLC**

**Article II**

The street address of the principal office of the Limited Liability Company is:  
**1318 SW 160<sup>TH</sup> AVE  
SUNRISE, FL. 33326**

The mailing address of the Limited Liability Company is:  
**1318 SW 160<sup>TH</sup> AVE  
SUNRISE, FL. 33326**

**Article III**

Other provisions, if any:  
**ANY AND ALL LAWFUL BUSINESS.**

**Article IV**

The name and Florida street address of the registered agent is:  
**EDGARD MEDINA  
1318 SW 160<sup>TH</sup> AVE  
SUNRISE, FL. 33326**

Having been named as a registered agent and to accept service of process of 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.

Registered Agent Signature: \_\_\_\_\_

*Edgard Medina*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

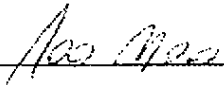
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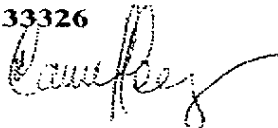
**Article V**

**The name and address of person(s) authorized to manage the LLC:**

**Title: AMBR  
EDGARD MEDINA  
1318 SW 160<sup>TH</sup> AVE  
SUNRISE, FL. 33326**

**Signature:** 

**Title: AMBR  
CANDIEL MENDOZA-MENDINA  
1318 SW 160<sup>TH</sup> AVE  
SUNRISE, FL. 33326**



**Article VI**

**The effective date of this Limited Liability Company Shall be:**

**02/10/2022**

**Signature of member or an authorized representative:**

**Signature:** 

**I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provide for in S.817.155, F.S. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.**

**FILED**  
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**CLERK OF STATE**  
**TALLAHASSEE, FLORIDA**