

# L23000081765

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H23000067385 3)))



H230000673853ABC1

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

**To:**

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

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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.  
THE CHILLING SPOT, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

2023  
1 PM 3:49

23 FEB 21 PM 3:35

**ARTICLES OF ORGANIZATION****OF:****THE CHILLING SPOT, LLC**

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute entitled the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I - NAME**

The name of the limited liability company shall be:

THE CHILLING SPOT, LLC

**ARTICLE II - BUSINESS ADDRESS**

6805 SW 148 Ct  
Miami, FL 33193

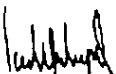
**ARTICLE III - MAILING ADDRESS**

6805 SW 148 Ct  
Miami, FL 33193

**ARTICLE IV - REGISTERED AGENT**

Ivette A Sabogal  
6805 SW 148 Ct  
Miami, FL 33193

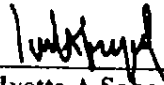
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

  
\_\_\_\_\_  
Ivette A Sabogal  
Registered Agent


**ARTICLE V - MANAGEMENT**

The name and address of each Manager or Managing Member is as follows:

**Ivette A Sabogal**  
6805 SW 148 Court  
Miami, FL 33193

  
\_\_\_\_\_  
**Ivette A Sabogal**  
*Managing Member*

**Sherman Zulbaran**  
6805 SW 148 Court  
Miami, FL 33193

  
\_\_\_\_\_  
**Sherman Zulbaran**  
*Managing Member*

In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the Fact State herein are true.

STATE OF FLORIDA  
COUNTY OF DADE

I HEREBY CERTIFY, THAT ON THIS 16th DAY OF February 2023 personally appeared before me, an authorized officer duly commissioned to administer oaths and take acknowledgments:

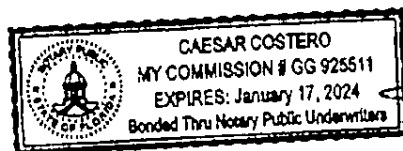
**Ivette A Sabogal**

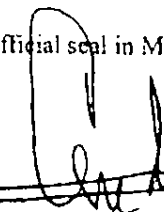
The person who executed the foregoing Articles of Organization, and acknowledged that they signed and executed the same for the uses and purposes there in stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal in Miami Dade County, Florida.

The day and year above written.

FL Drivers License



  
\_\_\_\_\_  
NOTARY PUBLIC