

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 and e-mail number (shown below) at the top and bottom of all pages of the document.

((H24000295347 3)))



H240002953473ABC3

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 : CANYON VIEW SYSTEMS, LLC
Account Number : I20220000118
Phone : (877)757-9877
Fax Number : (888)364-3940

****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. Save Now Cooling, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP -3 PM 12:06

RECEIVED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 SEP -3 PM 5:07

13

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

H24000295347 3

COVER LETTER**TO:** New Filing Section
Division of Corporations**SUBJECT:** Save Now Cooling, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raymond Joseph HoffmanName of PersonFirm/Company2959 Ranchette SquareAddressGulf Breeze, FL 32563City/State and Zip Coderhoffman2cool82@gmail.comE-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond Joseph Hoffmanat (504) 296-9267Name of PersonArea CodeDaytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee☐ \$130.00 Filing Fee &
Certificate of Status☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)☐ \$160.00 Filing Fee,
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303FILED
SEP 3 2024
TALLAHASSEE, FL
2024 SEP -3 PM 5:07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Save Now Cooling, 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:

2959 Ranchette Square
Gulf Breeze FL 32563

Mailing Address:

2959 Ranchette Square
Gulf Breeze FL 32563

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:

Raymond Joseph Hoffman

Name

2959 Ranchette Square

Florida street address (P.O. Box **NOT** acceptable)

Gulf Breeze

City

FL

State

32563

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 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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV:

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

Title:

"AMBR" = Authorized Member;

"MGR" = Manager;

Name and Address:

PRES

Raymond Joseph Hoffman
2959 Ranchette Square
Gulf Breeze FL 32563

(Use attachment if necessary)

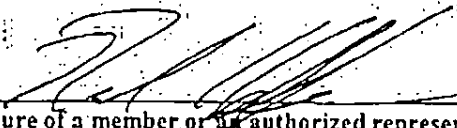
ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any, _____

REQUIRED SIGNATURE:



Signature of a member or 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.

Raymond Joseph Hoffman

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)