

M09000002327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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10 FEB - 2 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W  
J. BRYAN NOV - 3 2009

J. BRYAN

FEB - 3 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AKL Cold Solutions, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rodolfo Beeck

Name of Person

AKL Cold Solutions, LLC

Firm/Company

881 Ocean Drive, Suite L5

Address

Key Biscayne, FL 33149

City/State and Zip Code

rb@aklcoldsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elisabeth Brady

Name of Person

at ( 305 )

271-6797

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

### Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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10 FEB -2 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2009

RODOLFO BEECK  
AKL COLD SOLUTIONS, LLC  
881 OCEAN DRIVE, SUITE L5  
KEY BISCAYNE, FL 33149

SUBJECT: AKL COLD SOLUTIONS, LLC  
Ref. Number: M09000002327

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for AKL COLD SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 409A00034621

**RODOLFO BEECK  
XIGO Health LLC  
871 Ocean Drive, L5  
Key Biscayne, FL 33149**

December 9, 2009

Joey Bryan  
Regulatory Specialist II  
Florida Department of State  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 32314

**FILED**  
10 FEB -2 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Subject: AKL Cold Solutions, LLC.  
Ref. Number: M09000002327  
Letter Number: 409A00034621

Dear Mr. Bryan,

Please find attached the Certificate of Formation of the limited liability company which was amended 11/03/2009. The name of the company will be changed to: XIGO Health, LLC. Also attached is your letter dated November 3, 2009.

If you need anything further do not hesitate to contact me at (305) 335-5374.

Respectfully

  
Rodolfo Beeck



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2009

RODOLFO BEECK  
AKL COLD SOLUTIONS, LLC  
881 OCEAN DRIVE, SUITE L5  
KEY BISCAVNE, FL 33149

SUBJECT: AKL COLD SOLUTIONS, LLC  
Ref. Number: M09000002327

FILED  
10 FEB -2 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

You failed to make the correction(s) requested in our previous letter.

We can take a certified copy of the amendment, but not a photo copy

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 409A00037893

**RODOLFO BEECK  
XIGO Health LLC  
871 Ocean Drive, L5  
Key Biscayne, FL 33149**

January 29, 2010

Joey Bryan  
Regulatory Specialist II  
Florida Department of State  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
10 FEB -2 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Subject: AKL Cold Solutions, LLC.  
Ref. Number: M09000002327  
Letter Number: 409A00037893

Dear Mr. Bryan,

Please find attached the "certified" Certificate of Formation of the limited liability company which was amended 11/03/2009. The name of the company will be changed to: XIGO Health, LLC. Also attached is your letter dated December 11, 2009.

If you need anything further do not hesitate to contact me at (305) 335-5374.

Respectfully,



Rodolfo Beeck

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: AKL Cold Solutions, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 6/18/09

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? November 2, 2009

5. New name of the limited liability company: XIGO Health, LLC  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

\_\_\_\_\_

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

\_\_\_\_\_

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of a member or the authorized representative of a member

Rodolfo Beeck

Typed or printed name of signer

**Filing Fee: \$25.00**

**FILED**  
**10 FEB -2 AM 8:27**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

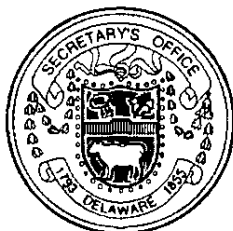
# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AKL COLD SOLUTIONS, LLC", CHANGING ITS NAME FROM "AKL COLD SOLUTIONS, LLC" TO "XIGO HEALTH, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF NOVEMBER, A.D. 2009, AT 11:10 O'CLOCK A.M.


FILED  
10 FEB -2 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4678989 8100

091136858

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7765134

DATE: 01-19-10



State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:10 AM 11/03/2009  
FILED 11:10 AM 11/03/2009  
SRV 090988652 - 4678989 FILE

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

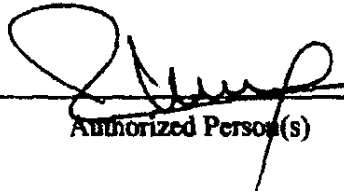
1. Name of Limited Liability Company: AKL Cold Solutions, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Name of the company to be changed to:

XIGO Health, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 31st day of October, A.D. 2009.

By: \_\_\_\_\_



Authorized Person(s)

Name: Rodolfo Beeck

Print or Type

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10 FEB - 2 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA