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Division of Corporations

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From:

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Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

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## **FLORIDA PROFIT/NON PROFIT CORPORATION** ROPY INC.

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September 26, 2014

## FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: ROPY INC. REF: W14000059046

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must have a Florida street address. A post office box is not acceptable.

Complete the Mailing address for the entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section FAX Aud. #: H14000225508 Letter Number: 014A00020685

14 SEP 29 AM II: 41

H140002255 08

9-23-14

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of COOLOGICS of Doc#

P1200010512 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely.

H14000225508

7/2032 00:03			#2464 P.004
		H14000	225508
ROPY INC.			ATX1
	ARTICLES OF IN In compliance with Chapter 607		1
ARTICLE! NAME	•	, , , ,	差於 🖈
The name of the corpo	ration shall be: ROPY INC.		SEP SEP
ARTICLE II PRINC	PAL OFFICE		29
Principal <u>s</u>	treet address	Mailing addres	s. if different is:
3230 NW 42ST			AH I
MIAMI, FL 33142			22 0
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			** *** ***
The ourses for which		AL BUILDING_	
The harbore to winds	The Corporation is organized is.	-L DOILD(ING	-
			Į
ARTICLE IV SHAR. The number of shares	<del></del>		
	OFFICERS AND/OR DIRECTORS		
Name and Title:	JESUS E PICAYO, PRESIDENT	Name and Title:	
Address:	226 E 2ND ST 2D	Address:	
	NEW YORK NY 10009		
Name and Title:		Name and Title:	
Address:			
AUGIE65.		Addicas.	
•			
Name and Title:		Name and Title:	
Address:		Address:	

ROPY IN	<b>5.</b>	HIAUVOZESS	(cont	i) /	JTX1
Name a	nd Tritle:	Name and Title:			
Address		Address:	· · · · · · · · · · · · · · · · · · ·		$\perp$
					-
				<del></del>	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the	registered agent is:		14 S	
Name:	JESUS E. PICAYO		1 200 7 7 7 7	SEP :	
Address:	3230 NW 42 ST		15 S	29	1 ***
	Miami FL 33142	•	<u> </u>	AH I	Junear .
ARTICLE VII	INCORPORATOR			AH II: 02	'~·., '
The <u>name and</u>	iddress of the Incorporator is:		1.		
Name:	JESUS E. PICAYO				
Address:	226 E 2ND ST 2D			d	
	NEW YORK, NY 10009				
	ned as registered agent to accept service of process for the , I am familiar with and accept the appointment as register			nated	•
			9/23/	14	_
	Required Signature/Registered Agent	_	/ Date		
I submit this document to the	sument and affirm that the facts stated herein are true. I am Department of State cognitutes a third degree felony as p	aware that the false information su provided for in s.817.155. F.S.	bmitted ir	7 a	
	Jan		9/20/	100	
	Required Standaure/Incorporator		Date		