L77000280994

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instituctions to 1 ming officer.





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2022 JUN 22 AM 10: 33

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/22/2022				***		53. Franc
				и	VALK	<i>IN</i> **
ENTITY NAME Ocea	n Breeze Cooling an	id Heating, LLC	<u> </u>	 -		
DOCUMENT NUMBER	D			· · · · · · · · · · · · · · · · · · ·		 -
DOCUMENT NUMBER						
	PLEASE FILE	THE ATTACHED	AND RETURN			
XXXXXXX	Plain Copy					
	Certified Copy					
	Certificate of State	ia s				
	**PLEASE OBTAIN TH	E FOLLOWING FO	OR THE ABOVE ENTITY	22 HOL 7077 35	2022	<u> </u>
	Certified Copy of t	Arts & Amendments	,	[*123)	-	— 11
	Certificate of Good	Standing		AM 3: L	_	j
	APOSTILLE'	/ NOTARIAL C	ERTIFICATION	<u> </u>		
COUNTRY OF DESTIN	IATION					
NUMBER OF CERTIFIC	CATES REQUESTED					
TOTAL OWED \$125		,	ACCOUNT #: 120160		<u>-</u> .	
Please call Tina at	the above number f	or any issues o	-		h!	

COVER LETTER

TO:	New Filing Section of Cor								
SUBJEC		ze Cooling and He	ating, L1	LC					
SUBJEC	-11	Nam	c of Limi	ited Liabi	lity Company				
The enci	osed Articles of	Organization and f	ec(s) are	submittee	for filing.				
		ndence concerning							
	Sandra Torre		,		· ·				
	Sandra Torre								
				Name o	f Person				
	CPA Tax So	lutions, LLC							
				Firm/C	ompany			_	
	500 NW 6th	Street					. •		
				Add	ress	 		_	
	Okecchobee	FL 34972							
				tu/State a	nd Zip Code			- 202	
	valdez863@g	mail.com	C.I	ty/State a	nd zip Code			2 Jt	1:-
		E-mail address: (to	be used	for future	annual report notifical	tion)	동무료	JUN 22	Eve
For furthe	r information co	ncerning this matte	er, please	call:					
	Sandra Torre	s	86. at (3	357-1099		1017	AM 3: 46	C
	Nam	e of Person	\	ea Code	Daytime Telephor	ne Number		91	
Enclose	d is a check for t	he following amou	nt:						
■\$ 125	.00 Filing Fee	☐\$130.00 Filin Certificate of St		Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)			s &	
		ng Address iling Section			Street Address New Filing Section E	Division			
		on of Corporations			The Centre of Tallah				

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ocean Breeze Coolin	ig and Heating, LLC			
(Must cont	ain the words "Limited Lia	ability Company.	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal offi	ce of the Limited	l Liability Company is:	
<u>Princip</u>	Principal Office Address:		Mailing Address:	
3269 NW 29th Aven	ue	326	9 NW 29th Avenue	
Okeechobee, FL 34972		Oks	Okeechobee, FL 34972	
ARTICLE III - Registered Age (The Limited Liability Company	ent, Registered Office. & ceannot serve as its own R	Registered Ago		
ARTICLE III - Registered Age (The Limited Liability Company	ent, Registered Office, & y cannot serve as its own R active Florida registration.	Registered Age egistered Agent.	ent's Signature:	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own R active Florida registration, address of the registered a	Registered Agent.) gent are:	ent's Signature:	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own R active Florida registration, address of the registered a	Registered Age egistered Agent.	ent's Signature:	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own R active Florida registration, address of the registered a	Registered Agent.) gent are:	ent's Signature:	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an	ent, Registered Office, & veannot serve as its own R active Florida registration, address of the registered a Ismael Valdez	Registered Agent.) gent are:	ent's Signature: You must designate an individual	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an	ent, Registered Office, & veannot serve as its own R active Florida registration, address of the registered a Ismael Valdez	Registered Agent.) gent are:	ent's Signature: You must designate an individual	

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 (REOUIRED)

(CONTINUED)



ARTICLE IV-

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

"AMBR" = Manager Same Sam	Title:	Name and Address:
(Use attachment if necessary) (RTICLE V: Effective date, if other than the date of filing:		ember
(Use attachment if necessary) (RTICLE V: Effective date, if other than the date of filing:	•	
(Use attachment if necessary) BRTICLE V: Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be more than the business days prior to or 90 days after the date of filing.) Store: If the date inserted in this block does not meet the applicable statutory filing requirements, this die will not be listed as the document's effective date on the Department of State's records. BRTICLE 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.	AMBR	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be more to an five business days prior to or 90 days after be date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this does listed as the document's effective date on the Department of State's records. RETICLE 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.		Okeechobee, FL 34972
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Ismael Valdez Typed or printed name of signee	This docu I am awaa	ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes. e that any false information submitted in a document to the Department of State
Typed or printed name of signee	<u>lsn</u>	gel Valdez
		Typed or printed name of signee

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)

