

W4000091689

Florida Department of State  
Division of Corporations  
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12/17

Electronic Filing Cover Sheet

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MJH

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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)899-0839  
Fax Number : (305)716-0346

RECEIVED

04 DEC 17 PM 4:09

DIVISION OF CORPORATION

FILED

04 DEC 17 PM 5:04

FILED

LIMITED LIABILITY COMPANY

ICE CREAM DISTRIBUTORS OF FLORIDA, L.L.C.

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I:**

The name of the Limited Liability Company is:

**ICE CREAM DISTRIBUTORS OF FLORIDA, L. L.C.**

**ARTICLE II-ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**8055 NW 90<sup>TH</sup> STREET  
MEDLEY, FL 33166**

FILED  
TALLAHASSEE, FLORIDA

04 DEC 17 PM 5:04

**ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**PEDRO A. DIAZ**

Name

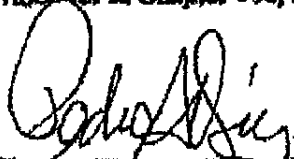
**8055 NW 90<sup>TH</sup> STREET**

Florida street address (P.O. Box not acceptable)

**MEDLEY, FL 33166**

City, State, and 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 603, F.S.



Registered Agent's Signature

**ARTICLE IV-Management (Check box if applicable)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

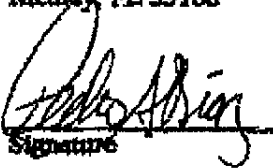
**PEDRO A. DIAZ**

Typed or printed name of signee

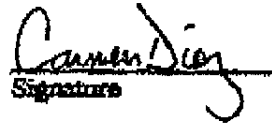
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**ARTICLE V - Managing Members**

Pedro A. Diaz  
8055 NW 90<sup>th</sup> Street  
Medley, FL 33166

  
Signature

Carmen Diaz  
8055 NW 90<sup>th</sup> Street  
Medley, FL 33166

  
Signature

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