

Division of Corporations

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Florida Department of State

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To:

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

From:

Account Name : MICHAEL A. PYLE, P.A.
Account Number : I20000000053
Phone : (386) 615-9007
Fax Number : (386) 676-2615

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SECRETARY OF STATE
ALBANY, FLORIDA

LIMITED LIABILITY COMPANY

ICEBALLS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION OF ICEBALLS, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

ARTICLE I NAME

The name of the Limited Liability Company is **ICEBALLS, LLC.**

ARTICLE II ADDRESS

The street address and the mailing address of the principal office of the Company is **545 Health Boulevard, Daytona Beach, FL 32114.**

ARTICLE III REGISTERED OFFICE AND AGENT

The name and Florida street address of the registered agent is **Michael A. Pyle, 1265 W. Granada Boulevard, Suite 1, Ormond Beach, Florida 32174.**

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 16th day of July, 2002.


MICHAEL A. PYLE

Authorized Representative

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 16th day of July, 2002, by **MICHAEL A. PYLE** who ☒ is personally known to me, or ☐ who presented a Florida drivers license or ☐ a _____ drivers license or ☐ _____ as identification.




Notary Public

Kristin L. Strother
(Printed Name)

My Commission Expires:

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.



MICHAEL A. PYLE, Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA