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Florida Department of State  
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**To:**

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

**From:**

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

**LIMITED LIABILITY COMPANY**

**ICE LOUNGE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **ICE LOUNGE LLC**

## ARTICLE II - Address

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

Principal Office Address:21 West Los Olas BoulevardFort Lauderdale, FL 33316Mailing Address:21 West Los Olas BoulevardFort Lauderdale, FL 33316

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's Signature

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

Joseph M. Mandia

Name

3201 N. Surf Drive(P.O. Box or Mail Drop Box **NOT** Acceptable)Hollywood, FL 33019

(City / State / 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 608, F.S.

  
\_\_\_\_\_  
Registered Agent's Signature - Joseph M. Mandia04 MAY 10  
10:17  
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**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:****MGRM****Joseph M. Mandja- 3201 N. Surf Drive, Hollywood, FL 33019****MGRM****Rosario Craig Musumeci- 3201 N. Surf Drive, Hollywood, FL 33019****MGRM****William Flynn- 3772 Ducane Road, Myrtle Beach, SC 29579**

(Use attachment if necessary)

**REQUIRED SIGNATURE:**  
Signature of a member or 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. )

**Joseph M. Mandia**

Typed or printed name of signee

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