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WS-63359

TRANSMITTAL LETTER

Division of Cor			
SUBJECT:	ICE BREA	AKERS, LLC.	
	(Name of Limited	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are so	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		RTIN T. MATAK	
	()	Name of Person)	
<u> </u>	0	Firm/Company)	
	400 FA	TANK OTON DOWN	
	408 F.A	(Address)	
		,	
	PLAN	TATION, FL 33317	
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
MARTIN MATAK at (954) 583-7609			
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		_
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
CE BREAKERS, LLC.				
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
408 FARMINGTON DRIVE	408 FARMINGTON DRIVE			
PLANTATION, FL 33317	PLANTATION, FL 33317			
The name and the Florida street address of the r MARTIN T. MATAK Name				
408 FARMINGTON DRIVE				
Florida street address (P.O. Box NOT acceptable)				
PLANTATION, FL 33317 FL				
City, State,	and Zip			
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			

(CONTINUED)

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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:

<u>Title:</u> "MGR" = Manager "MGRM" = Manag	Name and Address: ing Member
MGR	MARTIN T. MATAK
	408 FARMINGTON DRIVE
	PLANTATION, FL 33317
MGRM	DAN KISSELL
	13883 SW 44TH STREET
	DAVIE, FL 33330
MGRM	DAVID DISSELL
	10120 SW 18TH STREET
	DAVIE, FL 33324
(Use attachment if I	•,
NOIE: An addition	onal article must be added if an effective date is requested.
REQUIRED SIGN	ATURE:
Si	gnature of a member of an authorized representative of a member.
	n accordance with section 608.408(3), Florida Statutes, the execution f this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
_	MARTIN MATAK 6-20-05
_	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)