

L050000078363 Page 1 of 1

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H05000190281 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

RECEIVED  
05 AUG -9 PM 2:23  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

ICK Associates Two, LLC

Certificate of Status	1
Certified Copy	0
Page Count	823
Estimated Charge	\$130.00

2005 AUG -9 A 9 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Name Availability	
Document Examiner	DOC
Updater	DOC
Updater Verifier	DOC
Print Count	DOC

Electronic Filing Menu

Corporate Filing

Public Access Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

8/9/2005

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

H05000190281

ARTICLE I - Name

The name of the Limited Liability Company is: **ICK Associates Two, LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

1015 N.E. 17th Court

1015 N.E. 17th Court

Fort Lauderdale, FL 33305

Fort Lauderdale, FL 33305

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

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

**Carl Kitchner**

\_\_\_\_\_  
Name

**1015 N.E. 17th Court**

\_\_\_\_\_  
(P.O. Box or Mail Drop Box **NOT** Acceptable)

**Fort Lauderdale, FL 33305**

\_\_\_\_\_  
(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 - Carl Kitchner

FILED  
- 9 A 9 12  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

H05000190281

ARTICLE IV - Manager(s) or Managing Member(s):

H05000190281

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Ivan Kitchner- 1015 N.E. 17th Court, Fort Lauderdale, FL 33305

MGR

Carl Kitchner- 1015 N.E. 17th Court, Fort Lauderdale, FL 33305

(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. )

Ivan Kitchner  
\_\_\_\_\_  
Typed or printed name of signer

FILED  
2005 AUG -9 A 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H05000190281