H05000080510

(3)

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

8/15

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.

(((H05000195058 3)))

M. HODGES

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 : FILINGS, INC.
Account Number : 072720000101
Phone : (850)385-6735
Fax Number : (954)641-4192

FILED
05 AUG 15 PM 2:27
DIVISION OF CORPORATION

FILED
05 AUG 15 PM 4:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY

MAGIC ICE USA LEASING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$125.00

Electronic Filing Menu Corporate Filing Public Access Help

H05000195058

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

MAGIC ICE USA LEASING, 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:**
10364 SW 128 TERRACE	P. O. BOX 163839
MIAMI, FL 33176	MIAMI, FL 33116-3839

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

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

ALAN C. GOLD, ESQUIRE
Name

1320 SOUTH DIXIE HIGHWAY, SUITE 870
Florida street address (P.O. Box NOT acceptable)

CORAL GABLES, FL 33146 FL
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 608, F.S..

Registered Agent's Signature

FILED
05 AUG 15 PM 4:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(CONTINUED)

H05000195058

H05000195058

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	BYRON J. SHARP 10364 SW 128 TERRACE MIAMI, FL 33176
MGRM	BRAD HOLLAND 7459 GRAND COURT WINTER PARK FL 32792

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of 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.)

BYRON J. SHARP
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)
$ 9.00 Certificate of Status (Optional)

H05000195058