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## **COVER LETTER**

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SUBJECT	. Ice Di	gital Studios, LLC			
2020201	' <del></del>		d Liability Compa	iny)	7200
The enclose	ed Articles o	f Organization and fee(s) are s	ubmitted for filing	<b>3</b> .	
Please retur	n all corresp	oondence concerning this matte	er to the following	;	
Ar	ndrew E	Duncan			
<del>*</del>	<del></del>	(	Name of Person)		
lce	e Digita	l Studios LLC			
=			Firm/Company)		
19	110 C	ellini Place			
			(Address)		
Lu	tz, FL	33558			
	<del></del>	(City	State and Zip Code	)	
For further	information	concerning this matter, please	call:		
Drew D	uncan		at ( 813 )	852-18	38
	(Name	of Person)	(Area Code	& Daytime To	lephone Number)
Enclosed i	s a check fo	or the following amount:			
\$125.00	Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	7	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division Clifton Boundary 2661 Exe	ourier Addression Section of Corporation uilding cutive Center ee. FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Ice Digital Studios, LLC	
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
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:
19110 Cellini Place, Lutz, FL 33558	19110 Cellini Place, Lutz, FL 33558
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
Andrew Duncan	
Name	
19110 Cellini Place	
	ress (P.O. Box <u>NOT</u> acceptable)
Lutz	FL 33558
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	
	E PH U

(CONTINUED) Page 1 of 2

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

"MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Chris Duncan
	19110 Cellini Place
	Lutz, FL 33558
MGRM	Andrew Duncan
	19110 Cellini Place
	Lutz, FL 33558
(Use attachment if necessary)	
•	CODITION (CODITION)
LE V: Effective date, if other the	nan the date of filing: (OPTION)
LE V: Effective date, if other the	nan the date of filing: (OPTION must be specific and cannot be more than five business da
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LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:	
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a  (In accordance of this document)	nust be specific and cannot be more than five business da

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)

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