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(Requestor's Name)

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EAST COAST ICE, LLC
645 MAYPORT ROAD, SUITE 3A
ATLANTIC BEACH, FL 32233

(City/State/Zip/Phone #)

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J. BRYAN MAY 31 2006

**ARTICLES OF ORGANIZATION
OF
ECI 4, L.L.C.**

The undersigned member, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I – NAME

The name of the limited liability company shall be ECI 4, L.L.C. ("Company").

ARTICLE II – ADDRESS

The mailing address and principal office address of the Company shall be 645 Mayport Rd. Suite 3A, Atlantic Beach, Florida, 32233.

ARTICLE III – DURATION

The Company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided by law.

ARTICLE IV – REGISTERED OFFICE AND AGENT

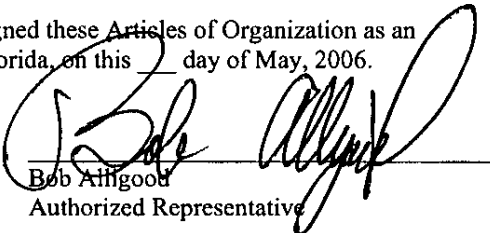
The name and street address of the registered agent of the Company in the State of Florida is Bob Alligood, 645 Mayport Rd. Suite 3A, Atlantic Beach, Florida, 32233.

ARTICLE V – MANAGEMENT

The Company shall be managed by a manager in accordance with regulations set forth in the operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these articles of organization.

The name and address of the initial manager of the Company is Bob Alligood, 645 Mayport Rd. Suite 3A, Atlantic Beach, Florida 32233.

IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization as an authorized representative of a member at Atlantic Beach, Florida, on this ____ day of May, 2006.


Bob Alligood

Authorized Representative

State of Florida
County of Duval

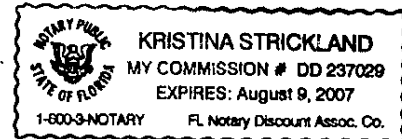
The Foregoing instrument was acknowledged before me this 11th day of May, 2006 by **Bob Alligood**, ☒ who is personally known to me or ☐ who has produced _____ as identification, and who acknowledged that he signed such instrument of his own free will.

Kristina Strickland

Notary Public, State of Florida at Large

Notary's printed or stamped name: *Kristina Strickland*

My commission expires: 8-9-07



ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of Organization of ECI 4, L.L.C., as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accept the obligations of the position of registered agent.

Bob Alligood

Bob Alligood
Registered Agent