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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ICB 1810, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David F. Roberts, Esq.

(Name of Person)

Vazquez and Roberts, Attorneys at Law

(Firm/Company)

1401 Brickell Ave. Suite 500

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

David F. Roberts, Esq.

(Name of Person)

at ( 305 ) 371-8064

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ICB 1810, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

c/ Titanio 38, Segunda Planta  
Poligono Industrial San Cristobal  
47012 Valladolid, Spain

#### Mailing Address:

ICB 1810, LLC c/o Jose Luis Diez de Valdeon Vegas  
Poligono Industrial San Cristobal  
47012 Valladolid, Spain

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

David F. Roberts, Esq.  
Name  
1401 Brickell Ave. Suite 500  
Florida street address (P.O. Box **NOT** acceptable)  
Miami FL 33131  
City, State, and Zip

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*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 (REQUIRED)

(CONTINUED)

**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

José Luis Díez de Valdeón Vegas

C/ Doctor Villacian 45-8ºD, Valladolid

Spain

MGRM

José Antonio Pérez Domínguez

Paseo de Zorrilla 22-8ºB. 47006, Valladolid

Spain

MGRM

Concepción Muñoz-Repiso Carreño

Paseo de Zorrilla 22-8ºB, 47006, Valladolid

Spain

MGRM

Francisco Javier Pérez Muñoz-Repiso

Paseo de Zorrilla 22-8ºB. 47006, Valladolid

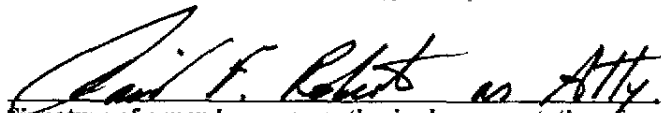
Spain

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a 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.)

David F. Roberts, Esq.

Typed or printed name of signer

**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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TALLAHASSEE, FLORIDA

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# Attachment

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

*Continued*

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Alberto Pérez Muñoz-Repiso

C/ Mariano de los Cobos, 6-2ºE. Valladolid

Spain

MGRM

Paloma Pérez Muñoz-Repiso

Paseo de Zorrilla 22-8ºB 47006, Valladolid

Spain

MGRM

Juan José Pérez Muñoz-Repiso

Paseo de Zorrilla 98-11ºA. 47006, Valladolid

Spain

MGRM

Ana María Pérez Muñoz-Repiso

Paseo de Zorrilla 22-8B. 47006, Valladolid

Spain

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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Typed or printed name of signee

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