

LD7000046921

Florida Department of State
Division of Corporations
Public Access System

Effective Date 5/01/07

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.

((H07000121940 3)))



H070001219403ABCV

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

RECEIVED
07 MAY -2 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : JEFFREY M. JACOBS, C.P.A., P.A.

Account Number : 110516003447

Phone : (904) 260-0483

Fax Number : (904) 260-0348

LS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ECI 6, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 MAY -2 AM 11:04

FILED

H07000121940 3

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

Effective Date

5/01/07

The name of the Limited Liability Company is:

ECI 6, LLC

Effective Date: May 1, 2007

ARTICLE II

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

645 Mayport Road Suite 3A

Atlantic Beach, Florida 32233

The mailing address of the Limited Liability Company is:

645 Mayport Road Suite 3A

Atlantic Beach, Florida 32233

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV

The name and Florida address of the registered agent is:

Jeffrey M. Jacobs

One San Jose Place Suite 25

Jacksonville, Florida 32257

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 MAY -2 AM 11:04

FILED

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

H07000121940 3

H07000121940 3

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 accept the obligations of my position as registered agent.

Registered Agent Signature: _____

ARTICLE V

The names and addresses of managing members/managers are:

Title: Member
East Coast Ice, LLC
645 Mayport Road Suite 3A
Atlantic Beach, Florida 32233

Title: Manager
Bob Alligood
645 Mayport Road Suite 3A
Atlantic Beach, Florida 32233

Signature of member or an authorized representative of a member.

Signature: _____

Jeffrey M. Jacobs, CPA - Authorized Representative

Date: _____

5/2/07

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.

Jeffrey M. Jacobs
Type or printed name of signee

2007 MAY -2 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H07000121940 3