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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PORATION SERVICE COMPANY. ACCOUNT NO. : 072100000032 REFERENCE: 903399 4717754 AUTHORIZATION : COST LIMIT : ORDER DATE: February 24, 2009 ORDER TIME : 3:49 PM ORDER NO. : 903399-005 CUSTOMER NO: 4717754 DOMESTIC FILING NAME: ICS SOUTH, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Joyce Markley - EXT. 2930

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		00
ARTICLE I - Name:	· .	12 A
The name of the Limited Liability Compa	ny is:	(A) (B)
ICS South, LLC		09 FEB 71 114
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	
		0,3%
ARTICLE II - Address:	A	
The mailing address and street address of	the principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
2 Carnegie Road	2 Carnegie Road	
Lawrenceville, NJ 08648	Lawrenceville, NJ 08648	_ _
business entity with an active Florida registration.) The name and the Florida street address of Corporation Service	e Company	
	Name	
1201 Hays Street		
Florida str	eet address (P.O. Box NOT acceptable)	
Tallahassee	FI. 32301	
City,	State, and Zip	
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and compl accept the obligations of my position as	nd to accept service of process for the above ed in this certificate, I hereby accept the appoint in this certificate, I hereby accept the appoint in the property. I further agree to comply with the property is the provided for in Chapter as a compared to the provided for in Chapter and Compared to the provided for the compared to the provided for the compared to the provided for the provided f	ointment as rovisions of all liar with and r 608, F.S
Corporation Servi	ce Company Joyce L. Ma	•

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Ken Kiernan 29 Gainsboro Road Lawrenceville, NJ 08648 MGRM Keith Wagner 12 Evesham Avenue Marlton, NJ 08053 (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

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

Ken Kiernan

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)

\$ 5.00 Certificate of Status (Optional)