

LO9000060732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

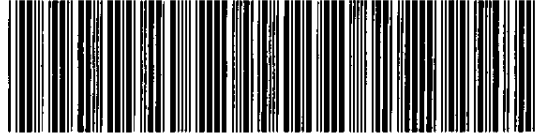
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700157384237

06/22/09--01062--020 **160.00

FILED
09 JUN 22 AM 11:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ROSS G. LAVIN

Attorney at Law

ROSS G. LAVIN [†]
PO Box 302913
AUSTIN, TEXAS 78703
(512) 913.3702
(512) 366.9780 FAX
[†] Licensed in Texas and Florida

FLORIDA ADDRESS:
PO Box 2102
PALM BEACH, FL 33480
Email: eapoe02@yahoo.com

June 17, 2009

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

RE: Articles of Organization of E-Z Ice Systems, LLC

Dear SOS:

Enclosed with this letter are the following for the above Florida Limited Liability Company:

1. Articles of Organization (TWO COPIES); and,
2. Check in the amount of \$160.00

Once filed, please return the filing to the registered agent at the address in the filing.

If you have any questions or comments, please do not hesitate to call.

Sincerely,



Ross G. Lavin

RGL.me
Enclosures as stated:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: E-Z Ice Systems, 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:

Bob Schaefer

Name of Person

Firm/Company

9928 Oak Tree Terrace

Address

Tequesta, Florida 33469

City/State and Zip Code

bschaefer46@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Schaefer

Name of Person

at (**561**)

596-1511

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

E-Z Ice Systems, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

9928 Oak Tree Terrace
Tequesta, Florida 33469

Mailing Address:

9928 Oak Tree Terrace
Tequesta, Florida 33469

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:

Bob Schaefer

Name

9928 Oak Tree Terrace

Florida street address (P.O. Box **NOT** acceptable)

Tequesta, FL 33469

FL

City, State, and Zip

FILED
09 JUN 22 AM 11:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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..

Bob Schaefer
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

Bob Schaefer

9928 Oak Tree Terrace

Tequesta, Florida 33469

MGRM

Harry Dilling

PO Box 2369


Blowing Rock, NC 28605

(Use attachment if necessary)

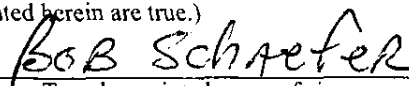
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)


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)

FILED
09 JUN 22 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA