

LD9000077529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF REVENUE
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P.O.

G. MCLEOD

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AUG 12 2009

EXAMINER

LD9-33975

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Icarian Associates 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:

Craigier Scheuer

OWNER/REGISTRANT

Icarian Associates LLC

NAME OF LIMITED LIABILITY COMPANY

P.O. Box 21652

MAILING ADDRESS

Sarasota, Florida 34276

STREET/COURIER ADDRESS

cjs1223@gmail.com

E-MAIL ADDRESS (REQUIRED FOR E-FILED ARTICLES OF ORGANIZATION)

For further information concerning this matter, please call:

Craigier Scheuer

OWNER/REGISTRANT

at (**941**)

539.8187

PHONE NUMBER (AREA CODE AND PHONE NUMBER)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$150.00 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
2nd Floor Executive Center Lane
Tallahassee, FL 32301

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SECRETARY OF
DIVISION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Icarian Associates 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:

3919 MEDITERRANEAN CIRCLE
P.O. Box 21652 SUITE 213
Sarasota, Florida 34276 34233

Mailing Address:

P.O. Box 21652
Sarasota, Florida 34276

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

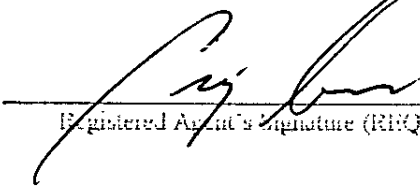
The name and the Florida street address of the registered agent are:

Craig Schouler

3919 MEDITERRANEAN CIRCLE, SUITE 213
1001 Main Street, Suite 409

Sarasota, Florida 34276 34233

Having been named as registered agent and to accept service of process for the above stated limited liability company, I, the undersigned, do hereby accept such service of process and agree to act in this capacity. I further agree to comply with the provisions of all applicable laws in this regard, and I am fully aware that I will 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

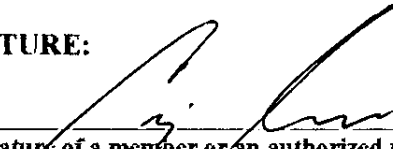
Craig Scheuer

(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.)

Craig Scheuer

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)