Florida Department of State

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ICI Group LLC

Certificate of Status	0
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T. HAMPTON

JAN 1 9 2010

EXAMINER

SECRETARY DESTATE DIVISION OF CORPORATIONS

FAX AUDIT# <u>H10000184143</u>

ARTICLES OF ORGANIZATION OF ICI Group LLC

ARTICLE I

NAME

The name of the limited liability company shall be: ICI Group LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 2667 Spring Glen Ln., Apopka, Florida 32703.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Ivan Sorokoumov, 2667 Spring Glen Ln, Apopka, Florida 32703. Located in the County of Orange.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Ivan Sorokoumov, 2667 Spring Glen Ln, Apopka, Florida 32703

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: January 12, 2010

WI 53717

608-827-5300

FAX AUDIT # 4/0000/04/63

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: ICI Group LLC

The name and address of the registered agent and office is Ivan Sorokoumov, 2667 Spring Glen Ln, Apopka, Florida 32703. Located in the County of Orange.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Date: 1/14/10

FAX AUDIT # H100000104163

SECRETARY OF STATE
DIVISION OF CORPORATIONS