## L1000091315

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N. Culligan AUG 3 1 2010

## COVER LETTER \_\_

то:	Registration S Division of Co		·	
SUBJI	ECT: Florida	Coastal Ice, LLC		
•		Name of Limit	ed Liability Company	
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this mat	ter to the following:	
	Catherine Fre	eman		
			Name of Person	
	Florida Coast	al Ice, LLC		
	,		Firm/Company	
	4856 Jewell 7	errace		
			Address	
	Palm Harbor,	FI 34685		
*	-1	Cit	y/State and Zip Code	
	Floridacoasta	lice@Gmail.com		
	· · · · ·		for future annual report notification)	
For fur	ther information	concerning this matter, please	e call:	
Jon B	Freeman		at ( 727 ) <b>871-8209</b>	
•	Name	of Person	Area Code & Daytime Telep	bhone Number
Enclos	sed is a check for	or the following amount:		
<b>☑</b> \$125.	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 C	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
Florida Coastal Ice, LLC		
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	ne principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
4856 Jewell Terrace	4856 Jewell Теггасе	
Palm Harbor, Fl 34685	Palm Harbor, FI 34685	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)  The name and the Florida street address of to Catherine Freeman	Registered Agent. You must designate an individ	
4856 Jewell Terrace		FLO ST
	et address (P.O. Box NOT acceptable)	
Palm Harbor	FL 34685	_
Cit	y, State, and Zip	
**		

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

effective date is listed, the date must be specific and cannot be more than five business days	Title: "MGR" = Mana "MGRM" = Ma	nger nnaging Member	Name and Address:		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	MGR		ion R Freeman		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		<del></del>			
CLE V: Effective date, if other than the date of filing:				<del></del>	
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CLE V: Effective date, if other than the date of filing:					
CLE V: Effective date, if other than the date of filing:		-	<del></del>		
CLE V: Effective date, if other than 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.)	CLE V: Effective	e date, if other than the	date of filing:		
of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)			e specific and cannot be more than five b	usiness us	ays
of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)				SEC.	5 ≥
of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	REQUIRED S	IGNATURE:		ALC: S	5
of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	.•	(Ph	)	ARY OF	30 至
of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		Signature of a membe	er or an authorized representative of a member.	FLO	=
Ton BRADLEY FREMAN Typed or printed name of signee		of this document const	itutes an affirmation under the penalties of perjury	ATE	F

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)