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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 DEC 23 PM 3:51

**B. Tordoff** DEC 27 2010

**ICN ENTERPRISES, LLC**

10009 Magnolia Bend  
Bonita Springs, Florida 34135

Terri J. Wesselman

Julien G. Patterson

December 20, 2010

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314 2661

(850) 245-6051

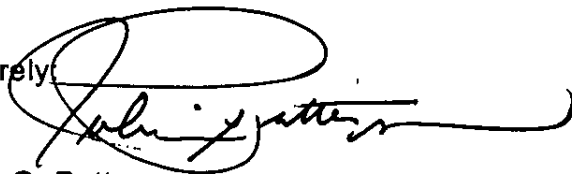
Re: Articles of Organization -- ICN Enterprises, LLC

Dear Sir:

Enclosed are a Cover Letter and the original Articles of Organization for filing for the above company and a check payable to the "Florida Department of State" for \$160.00 for the filing costs, Certificate of Status and Certified Status. Please forward the Charter and receipt to B.H. B. Hubbard, III at Post Office Box 340, 293 Steamboat Road, Irvington, Virginia 22480.

If you have any questions or need further information, please let me or B.H. B. Hubbard, III know. Mr. Hubbard's direct telephone number is 438-5063 and his cell number is 436-3835. His email address is [bhbh@irvingtonlaw.com](mailto:bhbh@irvingtonlaw.com). Thank you for your assistance.

Sincerely,



Julien G. Patterson  
10009 Magnolia Bend  
Bonita Springs, Florida 34135  
571 220 7654

Enclosures

C:\a BH's Files\Corp,LLC,P@ICN Enterprises, LLC\01.SCC Letter

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ICN Enterprises, 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:

**B.H. B. Hubbard, III**

Name of Person

**Hubbard, Terry & Britt**

Firm/Company

**Post Office Box 340, 293 Steamboat Road**

Address

**Irvington, Virginia 22480**

City/State and Zip Code

**bhbh@irvingtonlaw.com**

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

For further information concerning this matter, please call:

**Julien G. Patterson**

Name of Person

at ( **571** ) **220-7654**

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:

**ICN Enterprises, 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:**10009 Magnolia Bend  
Bonita Springs, Florida 34135**Mailing Address:**10009 Magnolia Bend  
Bonita Springs, Florida 34135**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:

Julien G. Patterson

Name

10009 Magnolia BendFlorida street address (P.O. Box **NOT** acceptable)Bonita Springs FL 34135

City, State, and Zip

10 DEC 23 PM 3:51  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*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)

**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

Terri J. Wesselman

10009 Magnolia Bend

Bonita Springs, Florida 34135

MGRM

Julien G. Patterson

10009 Magnolia Bend

Bonita Springs, Florida 34135

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Julien G. Patterson

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)**