

L11000078923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

A. LUNT

JUL - 8 2011

EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUL -7 PM 2:08

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 20, 2011

CRISTINIA HARRISON-HICKOX  
P.O. BOX 2344  
ARCADIA, FL 34265

SUBJECT: COUNTRY BOY ICE, LLC  
Ref. Number: W11000033083

We have received your document for COUNTRY BOY ICE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 211A00014888

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Country Boy Ice, 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:

Cristinia Harrison-Hickox

Name of Person

Country Boy Ice, LLC

Firm/Company

PO BOX 2344

Address

Arcadia, FL 34265

City/State and Zip Code

countryboyicellc@hotmail.com

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

For further information concerning this matter, please call:

Cristinia Harrison-Hickox

Name of Person

at ( 863 ) 494-7723

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

2011 JUL -7 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Country Boy Ice, 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:

Country Boy Ice, LLC  
~~PO BOX 2344~~ 6777 NE Roan St  
Arcadia, FL ~~34265~~ 34266

### Mailing Address:

Country Boy Ice, LLC  
PO BOX 2344  
Arcadia, FL 34265

## 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:

Cristinia Harrison-Hickox

Name

6777 NE Roan Street

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

Arcadia

FL 34266

City, 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..*

Cristinia Harrison-Hickox

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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**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:**

MGR

Steven Hickox

6777 NE Roan Street

Arcadia, FL 34266

MGR

Cristinia Harrison Hickox

6777 NE Roan Street

Arcadia, FL 34266

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TALLAHASSEE, FLORIDA

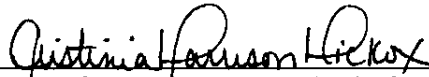
FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 10, 2011. (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.)

**Cristinia Harrison-Hickox**

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)