Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002690913)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TQ:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : 120010000078

: (407)843-8880

Fax Number

: (407)244-5690

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# FLORIDA LIMITED LIABILITY CO. ICEBLZ, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

G. MCLEOD

Electronic Filing Menu

Corporate Filing Meanov 15 2011

**EXAMINER** 

11/11/2011

https://efile.sunbiz.org/scripts/efilcovr.exe

# (((H110002690913)))

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

# ICEBLZ, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

247 N. Westmonte Drive Altamonte Springs, FL. 32714

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

W. Terry Costolo, Esquire GrayRobinson, P.A. 301 East Pine Street, Suite 1400 Orlando, Florida 32801

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 vertificate, 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

Article IV - Management (Check box if applicable)

X The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added Ban effective date is requested)

Signature of a member or an authorized refits towards and 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.)

Robert M. Picerne Typed or Printed name of Signer

FILING FEES:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)

# 4416117 vi

(((H110002690913)))

SECRETARY OF STATE