

L11000 136022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

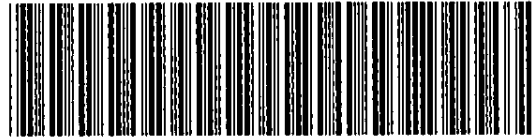
Special Instructions to Filing Officer:

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B. KOHR

DEC 2 2011

EXAMINER



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12/02/11--01007--006 **155.00

RECEIVED
11 DEC -2 AM 10:05
DIVISION OF CORPORATIONS
TALLahassee, FLORIDA

EFFECTIVE DATE 11/29/2011

FILED
11 DEC -2 AM 10:26
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LAZARUS
CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

EFFECTIVE DATE 11/29/2011

SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS
DEC-2 AMID-26

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ICON AUTO SPA, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

EFFECTIVE DATE 11/29/2011

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
DEC-2 AM 10:26

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ICON AUTO SPA, 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:

Mailing Address:

475 BRICKELL AVE STE # 1713
MIAMI, FL 33131

475 BRICKELL AVE STE # 1713
MIAMI, FL 33131

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:

VINCENT M. AMODIO

Name

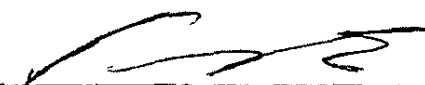
475 BRICKELL AVE STE # 1713

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

MIAMI FL 33131

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

VINCENT M. AMODIO

475 BRICKELL AVE STE #1713

MIAMI, FL 33131

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/29/2011 (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.)

Vincent Amodio

Typed or printed name of signee