L12000053908

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT N	1AIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

EFFECTIVE DATE 04/17/12



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D. BRUCE

APR 20 2012

EXAMINER

COVER LETTER

TO:	Registratio Division of	n Section Corporations		
SUBJE	ECT:	Ice Rea	alty, LLC	
		Name of Limit	ted Liability Company	
The en	closed Article	s of Organization and fee(s) are	submitted for filing.	
Please	return all corr	espondence concerning this mat	tter to the following:	
		Vi	ictoria Ice	
			Name of Person	
		lce l	Realty, LLC	
		`	Firm/Company	_
		18820 N	NW 76th Ave	
			Address	TS .
		Δlachi	ia Fl 32615	NP R
Alachua, FL 32615 City/State and Zip Code			× × × × × × × × × × × × × × × × × × ×	
		icerealty	@yahoo.com	9 F 6 5
•		E-mail address: (to be used	for future annual report notification)	ဏှာ
For fur	ther informati	on concerning this matter, pleas	e call:	<u>a)</u>
Victo	oria Ice		at (352) 222-7954	
	Nai	ne of Person	Area Code & Daytime Telephone Number	
Enclos	ed is a check	for the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Compar	ny is:			
Ice Realty	, LLC			
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:		: C	!	
The mailing address and street address of	the principal office of the Limited Liabil	ity Com	pany i	.s:
Principal Office Address:	Mailing Address:			
18820 NW 76th Ave	18820 NW 76th Ave			
Alachua, FL 32615	Alachua, FL 32615			
	f the registered agent are: Oria ICE Name		2 APR 19 PH 3:	
18820 NW 76th Ave			CD CD	
	eet address (P.O. Box <u>NOT</u> acceptable)]>		
Alachua	FL 32615 City, State, and Zip			
	-			
Having been named as registered agent at	nd to accept service of process for the abo	ve stated	limite	ed .

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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Victoria Ice
	18820 NW 76th Ave
	Alachua, FL 32615
	
	
	te of filing: April 17, 2012 . (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Vieton	
Signature of a member of	r an authorized representative of a member.
(In accordance with section 609 40)	8(3), Florida Statutes, the execution of this document
constitutes an affirmation under the	e penalties of perjury that the facts stated herein are true.
I am aware that any false informati	on submitted in a document to the Department of State.
constitutes a third degree felony as	provided for in s.817.155, F.S.)
	or printed name of signee
Турец	or bruned name or 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)