L1400016480

(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:

Office Use Only



700256029247

01/27/14--01026--030 **160.00

2018 JANE 27 Bullion

B 1 2 2 2 2 2 1 AL JAN 5 0 2 1 AL JAN 5 1

COVERTEETER

Registration Section Division of Corporations Sugar & Ice, LLC Name of Limited Liability Company The enclosed Articles of Organization and Ice(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kimberly Russell Name of Person Firm/Company 1803 High Ridge Rd Address Lake Worth, FL 33461 City/State and Zip Code sugarandice.llc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kimberly Russell Name of Person Enclosed is a check for the following amount: \$160.00 Filing Fee, \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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/CEGRICAMIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•		(1), 1) (2) (1) (2) (1) (2) (3) (1) (1) (3) (3) (3) (3) (3)	TT COMITAINT
ARTICLE I - Nam	e:		
The name of the Lir	nited Liability Company is:		
Sugar & Ice, i.i.C			
angar a ree, this	(Must end with the words	"Limited Liability Company, "L L.C.	"m"[1 (C")
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Think a risk into a conquary, 17 last.	. 00 10000)
ARTICLE II - Add The mailing address		rincipal office of the Limited Liability	Company is:
Principal Office Ac	<u>ldress:</u>	Mailing Address:	
1803 High Ridge Rd		1803 High Ridge Rd	
lake Worth, Ft. 33461		Lake Worth, FL 33461	
The name and the FI	orida street address of the r Kimberly Russell 1803 High Rioge Rd	Name	_
		P.O. Box <u>NOT</u> acceptable)	
	Lake vvorin	FL 33461	_
	City	Zip	
the place designa capacity. I further	ited in this certificate, I here agree to comply with the pr	accept service of process for the above thy accept the appointment as registere ovisions of all statutes relating to the ppt the obligations of my position as regional Chapter 605, F.S	ed agent and agree to act in this proper and complete performance
	Registered Agent	1's Signa (re (REQUIRED)	
	(CO	NTINUED)	£ 2
	1	Page 1 of 2	2

AMBR* - Authorized Member MGR* - Manager Chastephar Suba 1203 High subge Rd Lake Werth, Ft. 33461 Use attachment if necessary) V: Effective date, if other than the date of filing: - (OPTIONAL) rive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) VI: Other provisions, if any.
Use attachment if necessary) V: Effective date, if other than the date of filing:
Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) retive date is listed, the date must be specific and cannot be more than five business days prior to or filing.)
Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) retive date is listed, the date must be specific and cannot be more than five business days prior to or filing.)
Use attachment if necessary) V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.)
Use attachment if necessary) V: Effective date, if other than the date of filing:
Use attachment if necessary) V: Effective date, if other than the date of filing:
Use attachment if necessary) V: Effective date, if other than the date of filing:
Use attachment if necessary) V: Effective date, if other than the date of filing:
Use attachment if necessary) V: Effective date, if other than the date of filing:
V: Effective date, if other than the date of filing:
V: Effective date, if other than the date of filing:
V: Effective date, if other than the date of filing:
V: Effective date, if other than the date of filing:
V: Effective date, if other than the date of filing:
V: Effective date, if other than the date of filing:
V: Effective date, if other than the date of filing:
V: Effective date, if other than the date of filing:
REQUIRED SIGNATURE:
(hoston) sa
Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume
constitutes an affirmation under the penalties of perjury that the facts stated herein are true
I are assess that are false information submitted in a document to the Deportment of State
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.)
constitutes a third degree felony as provided for in s.817.155, F.S.)
constitutes a third degree felony as provided for in s.817.155, F.S.) Christophas Siska
constitutes a third degree felony as provided for in s.817.155, F.S.)
Christophas Siska Typed or printed name of signee
Christophus Siska Typed or printed name of signee Filing Fees:
Christophas Siska Typed or printed name of signee
Christophae Signee Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-