

04/30/2014 09:56 FAX

BOWEN, RADSON, SCHROTH

001/004

Division of Corporations

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Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850)617-6383

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Account Name : BOWEN, RADSON, SCHROTH, P.A.  
Account Number : I20010000026  
Phone : (352)589-1414  
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Email Address: BJ@atkinsrealty.biz

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
Nice Dreams Ice Cream, LLC

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

T. Burch 1447 11/11/2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nice Dreams Ice Cream, 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:

Katrina H. Demosey, Esq.

Name of Person

Bowen Radson Schroth PA

Firm/Company

600 Jennings Avenue

Address

Eustis, FL 32726

City/State and Zip Code

kdempsey@hrslegal.com

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

For further information concerning this matter, please call:

Katrina H. Demosey, Esq.

Name of Person

at ( 352 )

Area Code

687-1414

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Nice Dreams Ice Cream, 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:214 East Main Street  
Tavares, Florida 32778P.O. Box 7  
Mount Dora, Florida 32757

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Lloyd M. Atkins, III

Name

2301 Eastland RoadFlorida street address (P.O. Box **NOT** acceptable)Mount Dora

City

FL 32757

Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGRAMBR**Name and Address:**Lloyd M. Atkins, III  
P.O. Box 7  
Mount Dora, Florida 32757Brenda J. Atkins  
P.O. Box 7  
Mount Dora, Florida 32757SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: April 29, 2014 (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.)

**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**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 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.)Lloyd M. Atkins, III

Typed or printed name of signer

**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)

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