

L15000060084

(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



900269830659

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

15 MAR 25 PM 2:00

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

15 MAR 25 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 7 2015

T. BROWN

~~1115-21156~~

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 513656 8036351

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : February 24, 2015

ORDER TIME : 11:48 AM

ORDER NO. : 513656-001

CUSTOMER NO: 8036351

DOMESTIC FILING

NAME: ICONUX, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2015

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL

SUBJECT: ICONUX, LLC
Ref. Number: W15000021156

RESUBMIT

Please give original
submission date as file date.

We have received your document for ICONUX, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

The letter releasing the name must be signed by an officer of the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 915A00006039

REC'D
DIVISION OF CORPORATIONS
15 MAR 27 PM
NOT RECORDED
TO ACHIEVE
SUFFICIENCY OF FILING



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2015

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL

SUBJECT: ICONUX, LLC

Ref. Number: W15000021156

RESUBMIT

Please give original
submission date as file date.

We have received your document for ICONUX, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 515A00006250

RECEIVED
15 APR - 6 AM 10:57
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICONUX 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:

MAHMOUD SABOBEH
Name of Person

Firm/Company

1000 Parkview Drive Suite 518
Address

Hallandale Beach / FLORIDA 33009
City/State and Zip Code

MAHMOUDSABOBEH@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAHMOUD SABOBEH at (786) 499-9299
Name of Person Area Code 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)

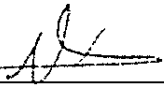
Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

March 26, 2015

The following is to inform you that I am the President of Iconux, Inc. and have filed for dissolution. I have no intention of re-instating the Iconux, Inc. entity name, and hereby authorize the release of the entity name Iconux LLC. I will be using the Iconux name and LLC structure once approved by the Secretary of State Division of Corporations, and not Iconux Inc. corporation structure.

Thank You,

Mahmoud Sabobeh  date 3/26/15

Signature

Mahmoud Sabobeh
President, Iconux Inc. (dissolved)
Future Member Owner Iconux, LLC (in application)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ICONUX, 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:

1000 Parkview Dr

Apt 518

Hallandale, FL 33009

1000 Parkview Dr

Apt 518

Hallandale, FL 33009

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

City

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 605, F.S.

Corporation Service Company

By: Courtney Williams

Registered Agent's Signature (REQUIRED)

Courtney Williams
Asst. Vice President

(CONTINUED)

FILED
15 MAR 25 PM 12:20
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

MAHMOUD SABOBEH

1000 PARKVIEW DR., APT 518

HALLANDALE, FL 33009

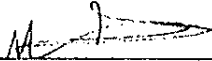
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

MAHMOUD SABOBEH

Typed or printed name of 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)