

L15000174553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

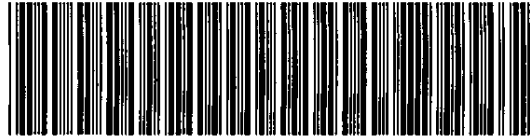
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 OCT -8 PM 3:34

CLERK OF STATE
TALLAHASSEE, FLORIDA

10/14/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RUSH ICE 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:

KELLY D'HAITI & VIGILAND D'HAITI
Name of Person

RUSH ICE LLC.
Firm/Company

345 HATTERAS AVE.
Address

CLERMONT, FL 34711
City/State and Zip Code

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

For further information concerning this matter, please call:

VIGILAND D'HAITI at (352) 455-2619
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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
15 OCT -8 PM 3:34
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 OCT -8 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 23, 2015

KELLY D. HAITI
345 HATTERAS AVENUE
CLERMONT, FL 34711

SUBJECT: RUSH ICE LLC
Ref. Number: W15000063393

We have received your document for RUSH ICE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You may file using only one (1) registered agent and only one (1) needs to sign.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 115A00020108

FILED

15 OCT -8 PM 3:34

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rush Ice LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

345 Hatteras Ave
Clermont FL 34711

Mailing Address:

345 Hatteras Ave
Clermont, FL 34711

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:

Kelly O'Harti
Name
345 Hatteras Ave
Florida street address (P.O. Box **NOT** acceptable)
Clermont FL 34711
City State 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..

Kelly O'Harti
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Vigiland Dhaiti

316 Southern Pecan Circle Apt 107
Winter garden fl 34787

Kelly Dhaiti

316 Southern Pecan Circle Apt 107
Winter garden fl 34787

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Kelly Dhaiti

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Kelly O'Haiti

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)

FILED
15 OCT -8 PM 3:34
DEPT OF STATE
TALLAHASSEE, FLORIDA