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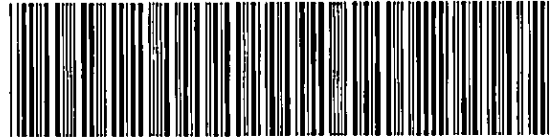
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**NAME: ICE SISTERS, LLC**

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*Abbie Hodge*

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I      NAME**

The name of the Limited Liability Company is:

ICE SISTERS, LLC

## **ARTICLE II      ADDRESS**

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

8581 BELLE MEADE DRIVE

FORT MYERS, FLORIDA 33908

## **ARTICLE III      REGISTERED AGENT**

The name and the Florida street address of the registered agent are:

A1A REGISTERED AGENT INC.

5647 110TH AVENUE N

ROYAL PALM BEACH, FLORIDA 33411

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*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.*

X   
TINA MAKI / Registered Agent's signature

**ARTICLE IV AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER

SOPHIA FAY

8581 BELLE MEADE DRIVE

FORT MYERS, FLORIDA 33908

AUTHORIZED MEMBER

ISABELLA FAY

8581 BELLE MEADE DRIVE

FORT MYERS, FLORIDA 33908

AUTHORIZED MEMBER

JDF HOLDINGS LLC

8581 BELLE MEADE DRIVE

FORT MYERS, FLORIDA 33908

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X 

DERIK FAY / Authorized Representative's signature

*(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.)*