

L200000069230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

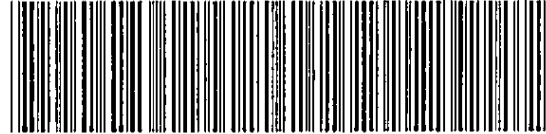
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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03/06/20--01003--001 **125.00

FILED
2020 MAR -5 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FL
N CULLIG
MAR 06 2020

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. Ice Sisters PC LLC

(Corporation Name)

Document #

2. _____

(Corporation Name)

Document #

☒ Walk in

_____ Pick up time _____

_____ Mail out

_____ Will wait

_____ Photocopy

_____ Certified Copy

_____ Certificate of Status

NEW FILINGS

_____ Profit
_____ Not for Profit
☒ Limited Liability
_____ Domestication
_____ Other

AMMENDMENTS

_____ Amendment
_____ Resignation of R.A. Officer/Director
_____ Change of Registered Agent
_____ Dissolution/Withdrawal
_____ Merger

OTHER FILINGS

_____ Annual Report
_____ Fictitious Name
_____ APOSTIL _____

COUNTRY

REGISTRATION/QUALIFICATIONS

_____ Foreign
_____ Limited Partnership
_____ Reinstatement
_____ Trademark
_____ Other

INITIALS: _____

EXAMINER'S

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Ice Sisters PC 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:

Derik Fay

Name of Person

Ice Sisters PC LLC

Firm/Company

4255 Tamiami Trail

Address

Port Charlotte, FL 33908

City/State and Zip Code

otherdocsforus@gmail.com

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

For further information concerning this matter, please call:

Lura Barua

888

650-3738

at (_____) _____

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 MAR -5 AM 9: 32

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ice Sisters PC LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLP")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4255 Tamiami Trail
Port Charlotte, FL 33908

4255 Tamiami Trail
Port Charlotte, FL 33908

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:

DERIK FAY

Name

8581 Belle Meade Dr

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

Fort Myers

FL

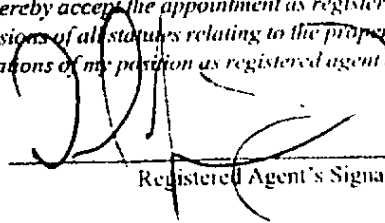
33908

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

JDF Holdings, LLC
8581 Belle Meade Dr
Fort Myers, FL 33908

(Use attachment if necessary)

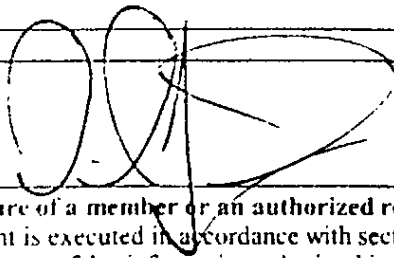
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

DERIK S. FAY

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)