

L20000302197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

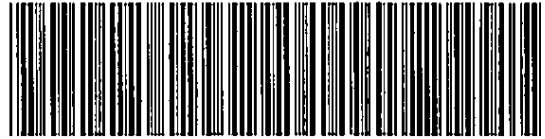
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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STATE
FL

COVER LETTER

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

SUBJECT: I ICB, LLC a new Limited Liability Corporation
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:

Robert Dingle
Name of Person
I ICB, LLC.
Firm/Company
1951 Oxford Lane
Address
Lady lake, FL. 32162
City/State and Zip Code
rderingo@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Dingle 813 323-3006
Name of Person at () 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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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR _____

Robert Dingle
1851 Oxford Lane
Lady Lake, FL 32162

AMBR _____

Shawn Dingle
1929 Napa Valley Drive
Waxhaw, NC 28173

MGR _____

Reo King
P BOX 251
Bassano, CA 94004

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/07/2020 (OPTIONAL)

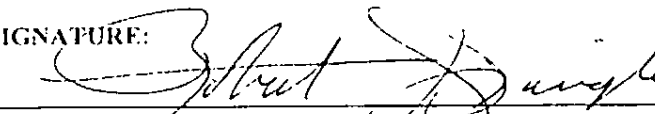
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

Articles are under review at this day. The Articles will be submitted after a vote of the members.

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.

Robert Dingle DINGLE

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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STATE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1 ICB, LLC.

(Must contain 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:

1851 Oxford Lane

Lady Lake, Fl

32162

Mailing Address:

1851 Oxford Lane

Lady Lake, FL.

32162

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:

Lucky Shamrock Equine, LLC. (Tony Risk)

Name

3984 CR 201 STE 275

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

Oxford.

Florida

City

State

34484

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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