

L21000084731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

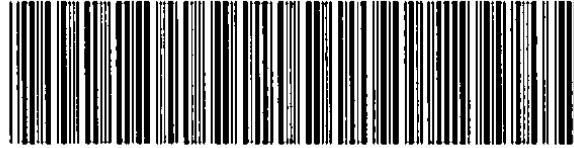
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA.

D O'KEEFE
FEB 27 2021

COVER LETTER

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

SUBJECT: IC4Y International SB Management, 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:

Gregory A Sausaman

Name of Person

Ice Cream 4 You International, LLC

Firm/Company

2607 Brooker Trace Lane

Address

Valrico, Florida 33596-5657

City/State and Zip Code

greg@topperscreamery.com

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

For further information concerning this matter, please call:

Greg Sausaman 813 767-9644

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IC4Y International SB Management, 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:

Mailing Address:

4750 The Grove Drive

Suite 290

Windermere, Florida 34786

2607 Brooker Trace Lane

Valrico, Florida 33596-5657

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:

Gregory A Sausaman

Name

2607 Brooker Trace Lane

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

Valrico

Florida

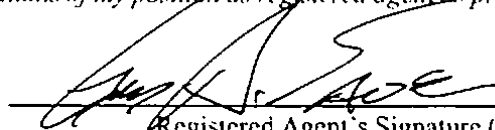
33596-5657

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address 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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