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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PIC	K UP:	8/26 DANNY	-	
XX	CERTIFIED COPY				
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	CE BEACH LLC CORPORATE NAME AND DOCU	MENT #)			
((CORPORATE NAME AND DOCU	MENT #)		<u> </u>	
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· (C	ORPORATE NAME AND DOCU	MENT #)			
PECIAL NSTRUCT	TIONS:				
					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
ICE BEACH 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	l Liability Company is:
Principal Office Address:	Mailing Address:

7350 SW 153rd St	7350 SW 153rd St	
Palmetto Bay, Fl 33157	Palmetto Bay, Fl 33157	

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:

ARTICLE I - Name:

eResidentAgent, Ir	ic.	
N	ame	
801 US Highway 1		
Florida street address (F	P.O. Box <u>NOT</u> a	cceptable)
North Palm Beach	Fl.	33408
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)



	Title: "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager AMBR	Marco Borrero
		7350 SW 153rd St
		Palmetto Bay, FL 33157
	AMBR	Martin Hardie Coogan
		3272 Descanso Drive Los Angeles, CA 90026
		1505 Augeles, CA 70020
	·	
		-
	(Use attachment if necessary)	
ΓI¢	CLE V: Effective date, if other than the dat	te of filing: (OPTIONAL)
n	effective date is listed, the date must be s	pecific and cannot be more than five business days prior to or 90 days after
	te of filing.) If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed a
do	cument's effective date on the Departmen	t of State's records.
TI	CLE VI: Other provisions, if any.	
	SEE TO GLE PROVISIONS, IT any.	
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	REQUIRED SIGNATURE:	
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	11.10	- Lange
	Signature of a m	nember or an authorized representative of a member.
	This document is execu	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Marco Borrero

