

L24000378446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

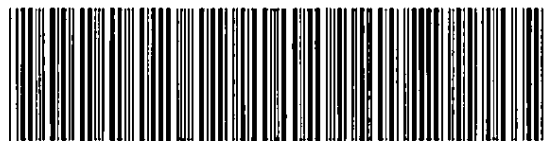
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24000113817  
correction  
received on  
Aug. 29, 2024

Office Use Only



400434166314

08/02/24--01010--004 \*\*125.00

FILED  
2024 AUG 29 PM 5:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2024

cARMEN HUERTAS  
1016 OSCEOLA PKWY  
KISSIMMEE, FL 34744 US

SUBJECT: ICE ENTERPRISE LLC  
Ref. Number: W24000113817

We have received your document for ICE ENTERPRISE LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson  
Regulatory Specialist II

Letter Number: 124A00017932

FILED  
2024 AUG 29 PM 5:07  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ICE TECH 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:

918 San Carlos Way  
Poinciana, FL. 34758

Mailing Address:

918 San Carlos Way  
Poinciana, FL. 34758

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:

Daniel Guillermo Dorado Navarrete

Name

918 San Carlos Way

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

Poinciana

FL

34758

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..*

Daniel Guillermo Dorado Navarrete

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2024 AUG 29 PM 5:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

AMBR

Luis Gabriel López Vargas

Carrera 54<sup>a</sup> # 61-37

Bogotá, Colombia. 111156

AMBR

Daniel Guillermo Dorado Navarrete

918 San Carlos Way

Poinciana, FL. 34758

AMBR

Omar Ignacio Berrio Palomo

Calle 65 # 2 -40

Bogotá, Colombia 111156

AMBR

Andrés Zamudio Norato

Calle 159 # 7 - 74 T3 Apto 1218

Bogotá, Colombia 111156

(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.

ANY AND ALL LAWFUL BUSINESS

**REQUIRED SIGNATURE:**

*Daniel Guillermo Dorado Navarrete*

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.

Daniel Guillermo Dorado Navarrete

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 AUG 29 PM 5:07