

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

A2100000492

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : M. BURR KEIM COMPANY  
 Account Number : I19990000242  
 Phone : (215)563-8113  
 Fax Number : (215)977-9386

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LP/LLLP  
 ICE NINE, LP**

Certificate of Status	0
Certified Copy	0
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2021 SEP -9 AM 11:53

STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

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CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP

1. ICE NINE, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.P.

2. 4129 Roberts Point Circle, Sarasota, FL 34242

(Street address of initial designated office)

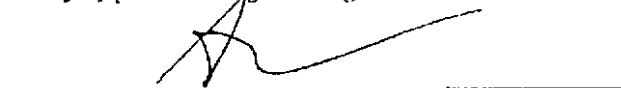
3. Stephen Mitnick

(Name of Registered Agent for Service of Process)

4. 4129 Roberts Point Circle, Sarasota, FL 34242

(Florida street address for Registered Agent)

5. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature of Registered Agent

6. 4129 Roberts Point Circle, Sarasota, FL 34242

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box

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