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USL 1 5 2023 C Brumbi=y CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO	T20	വ	കര	000195	

REFERENCE : 875988 4816118

AUTHORIZATION :

COST LIMIT : \$ 125 00

ORDER DATE : July 14, 2023

ORDER TIME : 10:52 AM

ORDER NO. : 875988-005

CUSTOMER NO: 4816118

FOREIGN FILINGS

NAME: ICEMAN OP ACQUIRER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

.

Registration Section Division of Corporations

TO:

	Nam	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Fl
return all	correspondence concerning this matter to	o the following:
	Leyla Gungor	
		Name of Person
	Hogan Lovells US LLP	
	**************************************	Firm/Company
	555 13th St NW	
		Address
	Washington, DC 20004	
	C	ity/State and Zip Code
	ieyla.gungor@hoganloveils.com	
	E-mail address: (to be	e used for future annual report notification)
rther infor	mation concerning this matter, please cal	II:
Leyla	Gungor	202 637-6816 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	g Address:	Street Address:
_	ration Section	Registration Section
	on of Corporations	Division of Corporations The Centre of Tallahassee
		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
	ed is a check for the following amount: make check payable to: FLORIDA DEP	ARTMENT OF STATE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605-0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. Iceman OP Acquirer					
(Name of Foreign	Limited Liability Company; must include "Limi	ted Liability	Company," "L.L.C.," or "LLC.")		_
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida The	alternate name must include "Lamited Liab	bility Company," "11C," or "	
Delaware		3	7476572		
(Jurisdiction under the law of v	which foreign limited liability company is organized)	3.	(FE) number	r, if applicable)	-
4	(Det Gestern and house in Dayle Course				
	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deter	mine penalty	liability (
100 Saint Paul Stree 5.		6	100 Saint Paul Street, Suit	te 800	
(Street Address of Principal Office)		0.	(Mailing Address)		-
Denver, CO 80206			Denver, CO 80206		
		•			=
7. Name and street addre Name:	ss of Florida registered agent: (P.O. Bo Corporation Service Company	ox <u>NOT</u> a	cceptable)	SEORE LARGE SHARITASSEE	APPRO AND FILEI
Office Address:	1201 Hays Street			AMII: 0	0 - 460
	Tallahassee	32301 , Florida	; *** 60		
(City)			(Zip code)		
designated in this applicate to comply with the provis	otance: egistered agent and to accept service of etion. I hereby accept the appointment ions of all statutes relative to the prope es of my position as registered agent. Corporation Service Company By: (Registered agent)	as registe er and cor Eylü	red agent and agree to act in	this capacity. I furti	her agree

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Iceman Holdings, LLC Name: □Manager □Manager 100 Saint Paul Street, Suite { Address: ■Member □Member Suite 800, Denver, CO 80206 □ Authorized □ Authorized Person Person □Other_____ □Other_____ □Other____ □Other____ □Manager □Manager Name: _____ Address: ____ Address: ____ □Member □Member □ Authorized □ Authorized Person Person □Other_____ □Other_____ □Other _____ □Manager Name: □Manager Name: ______ □Member Address: □Member Address: □ Authorized □ Authorized Person Person □Other____ □Other____ Other____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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. /s/ Kevin Rohnstock Signature of an authorized person Kevin Rohnstock, VP and Sec'y of Sole Member Iceman Holdings, LLC

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ICEMAN OP ACQUIRER, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICEMAN OF ACQUIRER, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203746686

Date: 07-14-23