

**F18000003721**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

W18-67941

Office Use Only



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07/19/18--01010--008 \*\*70.00

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2018 AUG 10 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

D BRUCE  
AUG 14 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2018

RANDALL OLSON  
119 WASHINGTON AVE., N. 2ND FLOOR  
MINNEAPOLIS, MN 55401

SUBJECT: BLUE ICE, INC.  
Ref. Number: W18000067941

We have received your document for BLUE ICE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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) 245-6051.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 018A00015340

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blue Ice, Inc.

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Randall Olson

\_\_\_\_\_  
Name of Person

Blue Ice, Inc.

\_\_\_\_\_  
Firm/Company

119 Washington Ave. North, Second Floor

\_\_\_\_\_  
Address

Minneapolis, MN 55401

\_\_\_\_\_  
City/State and Zip code

randall.olson@plaviled.com

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

For further information concerning this matter, please call:

Randall Olson

651

226-3056

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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**TALLAHASSEE FLORIDA**

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Blue Ice, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Blue Ice U.S., Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Minnesota 3. 81-3324520  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/20/2016 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 119 Washington Ave. North, Second Floor Minneapolis, MN 55401  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Grant D. Rose
- Office Address: 5201 Wilmington Court
- Cape Coral, Florida 33904  
(City) (Zip code)

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**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.*

Grant D Rose

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Not applicable

Address:

Vice Chairman: Not applicable

Address:

Director: Not applicable

Address:

Director: Not applicable

Address:

**B. OFFICERS**

President: Roger Olson

Address: 119 Washington Ave. North, Second Floor Minneapolis, MN 55401

Vice President: Randall Olson

Address: 119 Washington Ave. North, Second Floor Minneapolis, MN 55401

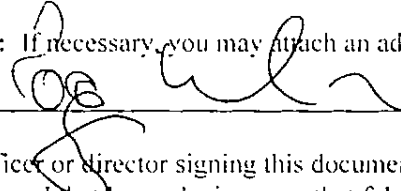
Secretary: Mark Lange

Address: 119 Washington Ave. North, Second Floor Minneapolis, MN 55401

Treasurer: Mark Lange

Address: 119 Washington Ave. North, Second Floor Minneapolis, MN 55401

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Roger Olson, President

(Typed or printed name and capacity of person signing application)

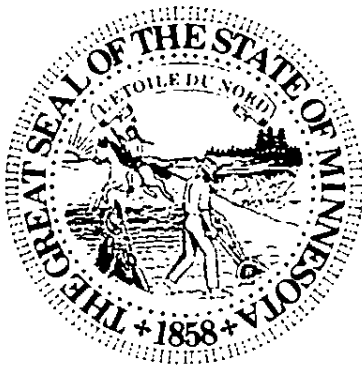
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**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Blue Ice, Inc.
Date Filed:	07/20/2016
File Number:	895852700026
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 07/11/2018



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota