

F18000005232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

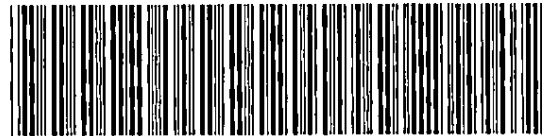
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000320045580

RECEIVED
FEB 11 2018
18 NOV 15 AM 4:25
18 NOV 15 PM 2:32

K. SALV

NOV 14 2018

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/15/18

NAME: THE HOME CITY ICE COMPANY

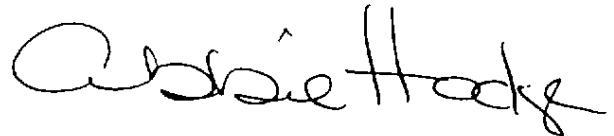
TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE HOME CITY ICE COMPANY

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:

JILL PROBST

Name of Person

NATIONAL SERVICE INFORMATION, INC

Firm/Company

145 BAKER ST

Address

MARION, OHIO 43302

City/State and Zip code

BPOLAND@HOMECITYICE.COM

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

For further information concerning this matter, please call:

JILL PROBST

at (740) 387-6806

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

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. THE HOME CITY ICE COMPANY

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OHIO

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 12/22/1948

(Date of incorporation)

5. PERPETUAL

(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. 6045 Bridgetown Rd. Cincinnati, OH 45248

(Principal office address)

6045 Bridgetown Rd. Cincinnati, OH 45248

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

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.

NRAI Services, Inc.

By: Qui P. 1004

(Registered agent's signature)

Asst Secretary

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: Thomas E. Sedler

Address: 6045 Bridgetown Rd.

Cincinnati, OH 45248

Vice Chairman: Thomas F. Sedler

Address: 6045 Bridgetown Rd.

Cincinnati, OH 45248

Director: James E. Stautberg (Chief Financial Officer/Assistant Secretary)

Address: 6045 Bridgetown Rd.

Cincinnati, OH 45248

Director: _____

Address: _____

B. OFFICERS

President: E. Theodore Sedler

Address: 6045 Bridgetown Rd.

Cincinnati, OH 45248

Vice President: _____

Address: _____

Secretary: Patrick J. Sedler

Address: 6045 Bridgetown Rd. Cincinnati, OH 45248

Treasurer: _____

Address: _____

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. James E. Stautberg

ASST. SECRETARY

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

FILED
18 NOV 15 AM 4:25
CLERK OF COURT

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

18 NOV 15 AM 4:30
TALLAHASSEE, FLORIDA

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show THE HOME CITY ICE COMPANY, an Ohio corporation, Charter No. 210991, having its principal location in Cincinnati, County of Hamilton, was incorporated on December 22, 1948 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 15th day of November, A.D. 2018.

Jon Husted

Ohio Secretary of State

Validation Number: 201831901168