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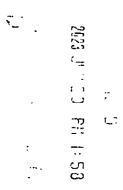
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of S	itatus					
Special Instructions to Filing Officer:							





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T. LEMIEUX

JUN 2 4 2023

COVER LETTER

10:	_	tration Section ion of Corporations					
SUBJI	ECT:	ICE USA INC.					
			of c	orporation -	must	include suffix	
Dear Si	ir or M	adam:					
"Certif	icate of		of	Good Stand	ing" a	zation to Transact Business in Florida," nd check are submitted to register the orida.	
Please	return :	all correspondence concernit	ng	this matter to	o the f	following:	
KIRKE	MARSH	1					
				Name of Po	erson		
TABS II	NC.						
				Firm/Comp	any		
228 E. 4	45TH S	T. STE. 9E					
	•			Addres	s		
NEW Y	ORK, N	Y 10017					
		·	C	ity/State and	l Zip c	ode	
GOVER	RNANCE	E@TABSINC.COM					
		E-mail address:	(t	o be used for	r futur	e annual report notification)	
For fur	ther inf	formation concerning this ma	atte	er, please cal	II:		
KIRKE MARSH		at i	, 347 69		94-5321		
	Name	e of Person		Area Code	·	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	nake ch	check for the following amo eck payable to: FLORIDA DE ng Fee	P .	ARTMENT C	\$78.7	ATE 5 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.

I. ICE USA Inc.									
	orporation: must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED.	" "COMPANY," "CORPORATIO	ON."					
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transact	ing bus	iness in	Florida)			
Delaware		3.							
(State or countr	y under the law of which it is incorporated								
07 January 2016 4.	6	5	Perpetual						
··	(Date of incorporation)		(Date of duration, if other	(Date of duration, if other than perpetual)					
6.									
77.	(SEE SECTIONS 607.1501 & 60 STE 9E NY, NY 10017	7.1:	n Florida, if prior to registration) 502, F.S., to determine penalty liabi	lity)					
	(Current ma	eilin	g address. if different)						
2				Name Name	-	2023			
s. Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)			' "			
Name:	Northwest Registered Agent LLC					100 E			
Office Address:	7901 4th St N STE 300					Ph			
	St. Petersburg		, Florida 33702		٠,				
	(City)		(Zip code)		;	رن دي			

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.

(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.

A. DIRECTORS Marc F.A.H. Janssen Rogier Janssen □ Chairman □ Chairman Name: □Vice Chairman Address: Address: ____ ☐ Vice Chairman 228 E. 45TH ST. STE 9E NY, NY 10017 228 E. 45TH ST. STE 9E NY, NY 10017 **☑**Director ☑ Director President ☐ President □Vice President ___ ☐ Vice President ☐ Secretary ☑ Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other JACOB WILLEMSEN Kirke Marsh □ Chairman □ Chairman Name: ___ □Vice Chairman Address: ___ □Vice Chairman Address: 228 E. 45TH ST. STE 9E NY, NY 10017 228 E. 45TH ST. STE 9E NY, NY 10017 □ Director ☐ Director □ President □ President □Vice President ☐ Vice President ☑ Secretary ☐ Treasurer □ Secretary □Treasurer △ Asst. Secretary □Other _____ □Other □Other _____ Name: _____ □Chairman Name: □ Chairman □Vice Chairman Address: _____ Address: ☐Vice Chairman □Director □ Director ☐ President □ President □Vice President □Vice President ☐ Secretary Treasurer ☐ Secretary □ Treasurer □Other □Other ____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who \s listed in number 11 above) affirms that the facts stated herein are true and that he or

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 o 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.

Kirke Marsh, Asst. Secretary

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ICE USA INC." IS DULY INCORPORATED

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

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICE USA INC."

WAS INCORPORATED ON THE FOURTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203555239

Date: 06-15-23

5926142 8300 SR# 20232766640