F24000004426

(F	Requestor's Name)
	Address)
	Address)
(<i>)</i> -	Address)
(0	City/State/Zip/Phone #}
PICK-UP	WAIT MAIL
9)	Business Entity Name)
(C	Pocument Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer:

Office Use Only



700434699007

2024 AUS 21 AM 7: 00

7: 00



5051 VAC ST LW 3:31

Q-1/1/2020

K. Brumbley

AUG 2 1 2024



To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 08/21/24 Order #: 1599949-1

Re: Ice Technical Services Incorporated

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$70.0 - FL State Account Number: I2000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Ice Technical Serv	ices Incorporated			
30D0DC1.	Name of corporati	ion - mus	include suffix	
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence." or "Ce above referenced foreign corpora	rtificate of Good St	tanding"	and check are sub	ct Business in Florida," mitted to register the
Please return all correspondence	concerning this mat	ter to the	following:	
	Name	of Person	· · ·	
	Firm/C	ompany		
	Ad	dress		
	City/State	and Zip	code	
E-mail	address: (to be use	d for futu	re annual report i	notification)
For further information concerning	g this matter, pleas	e call:		
	at ()		
Name of Person	Area Co	ode	Daytime Telep	hone Number
STREET/COURIER AI Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street. S Tallahassec, FL 32303	2		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
-		□ \$78.7	ATE 5 Filing Fee & fied 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.

(If name unava	lable in Florida, enter alternate cornorate name	adopted for the purpose of transact	ting business in Florida)	
	Alaska (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)			
0.1/0.2/2007				
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
	(Data fina annual de la		<u> </u>	
	(SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liab	oility)	
H001 O Mailey	Centre Drive, Suite 204, Anchorage, AK 9951	5		
	(Principal offi	ce <u>street</u> address)		
	(Current mailin	g address, if different)		
			202	
Name and stre	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)		
Name:	Corporation Service Company		2021 AUG 2	
ffice Address:	1201 Hays Street		3 3	
	Tallahassee	. Florida 32301	7:00	
	(City)	(Zip code)	00	
Davietoral an	ent's acceptance:			
	ent's acceptance. ied as registered agent and to accept servic	ce of process for the above state	ed cornoration at the plac	
signated in this	application, I hereby accept the appointm	ient as registered agent and ag	ree to act in this capacity.	
	comply with the provisions of all statutes re	elative to the proper and compl	ete performance of my du	
rther agree to c	with and accept the obligations of my pos	sition as registered agent.		
rther agree to c ud I am familia				
ud I am familia	Corporation Service Company			

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	; .,		
□Chairman ·	Name: R. David Stephens	□Chairman	Name: Richard Shane Harvey
□Vice Chairman	Address:	□ Vice Chairman	Address:11001 O'Malley Centre Drive
Director	Suite 204	Director	Suite 204
■ President	Anchorage, AK 99515	□President	Anchorage, AK 99515
□ Vice President		■ Vice President	
□Secretary	□Treasurer	Secretary	■ Treasurer
Other	Other	□Other	
□Chairman	Name: Cynthia M. Vanden Berg 11001 O'Malley Centre Drive	□ Chairman	Name:
	Suite 204	□ Vice Chairman	Address:
Director	Anchorage, AK 99515	Director	
□ President		□President —	
		□Vice President	
□Secretary	Treasurer	☐ Secretary	□Treasurer
□Other	Other	☐Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	□Other	Other
individuals may be	Jse an attachment to report more than six (6). The a added to the index when filing your Florida Depart	attachment will be imaged ment of State Annual Rep	for reporting purposes only. Non-indexed port form,
12. Cynthia Wh Vanu	Signature of Directo	or Officer	
The officer or direction she is aware that fall s.817.155. F.S.	tor signing this document (and who is listed in numles information submitted in a document to the Dep	aber 11 above) affirms tha	t the facts stated herein are true and that he or es a third degree felony as provided for in

Cynthia M. Vanden Berg, Director

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

QUAL-43330

