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Registration Section
Division of Corporations

TO:

subject: 7	HE	ORIGINAL	HAWAIIAN	ICE	COMPANY	/ , LL	C
			Limited Liability Compar		,	,	
	te of Exist	ence, and check ar	Liability Company for A e submitted to register that				
Please return all co	orrespond	ence concerning th	is matter to the following	; :	Z-SE	2008 (
	CHI	RISTOPHER	RICKARD		ARE.	CI	
			(Name of Person)		ARY OF	2008 OCT 13 PM 3: 28	FILED
	THE	ORIGINA	L HAWAIIAM) ICE	Co. E	် ယု	
			(Firm/Company)		RID	28 TE	
·	122	.30 FORES	T HILL BLVD	SUIT	E 209		
			(Address)				
·	WE	LLINGTON (City	J FL 334/	4			
		, ·					
For further informa	ation conc	erning this matter,	please call:				
C HRIS	 	KARD	at (561) Area Code & D	120 -	1559	- .	
	(Nam	e of Person)	(Area Code & D	aytime To	elephone Numb	er)	
MAILING	ADDRE	SS:	STREET ADDRES	SS:			
Division of	•	ions	Division of Corpora	ations			
P.O. Box 63 Tallahassee		4	Clifton Building 2661 Executive Cer Tallahassee, FL 323		÷		
Enclosed is a check \$125.00 Fi	k for the f ling Fee	\$130.00 Filing Fee	e & □\$155.00 Filing Fee e of Status Certified C		60.00 Filing Fee, 6 of Status &		

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. THE ORIGINAL HAWAIIAN ICE COMPANY, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wiconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")	
2. WYOMING (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-0326614 (FEI number, if applicable)	
4. O6/04/2007 (Date of Organization) 5. 30 YEARS - 06/04/2037 (Duration: Year limited liability company will cease to exist or "perpetual")	
6. N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	4747 43
7. 2710 THOMAS AUGNUE 9111 PINEVILLE DETER	
**EYENNE , WY 82-00 LAKE WORTH, FL 33467 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows:	
CHRISTOPHER SCOTT RICKARD & RONNY RICARDOUNHJ 12230 FOREST HILL BLVD, SUITE 209	ΈΛ
WELLINGTON, FL 33414	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: SHAVED ICE	ds in
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) CHRIS RICKARD	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The na	me of the Limited Liability Company is:	,
THE	ORIGINAL HAWAIIAN ICE COMPANY	, LLC
If name ur	navailable, the alternate name to be used in the state of Florida is:	
 		
2. The nar	me and the Florida street address of the registered agent and office are:	
		. 20a TAI
	CHRISTOPHER RICKARD (Name)	— 15 B OC — 1
	12230 FOREST HILL BLVD, SUITE 2 Florida Street Address (P.O. Box NOT ACCEPTABLE)	ZIDBOCT 13 SECRETARY TALLAHASSEI
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH 3
	WELLINGTON FL 33414	3: 28 STATE LORIDA
	City/State/Zip	, '

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Co: O. O. O. (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

The Original Hawaiian Ice Company, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 4, 2007**, comply with all applicable requirements of this office. This entity has been assigned entity identification number **2007-000538786**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of October, 2008 at 4:15 PM. This certificate is assigned 003930924.



Max massissed
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.