

M160000003763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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W16 - 26113

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2016 MAY -6 AM 8:21
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TALLAHASSEE FLORIDA

5/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 MAY -6 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 8, 2016

ORONZO TRIGGIANO
2717 DALMATION LANE EAST
JACKSONVILLE, FL 32246

SUBJECT: POLAR COLD CAPS, LLC
Ref. Number: W16000026113

We have received your document for POLAR COLD CAPS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 716A00007205

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Polar Cold Caps, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Oronzo Triggiano

Name of Person

Polar Cold Caps, LLC

Firm/Company

2717 Dalmation Lane East

Address

Jacksonville, FL 32246

City/State and Zip Code

info@polarcoldcaps.com

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

For further information concerning this matter, please call:

Oronzo Triggiano

Name of Contact Person

at (352

_____) 650-5611

Area Code Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Polar Cold Caps, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

PCC, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. Fulton County, Atlanta, GA

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 47-3092329

(FEI number, if applicable)

4. 01/20/2016

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2717 Dalmation Lane East

Jacksonville, FL 32246

(Street Address of Principal Office)

6. 2717 Dalmation Lane East

Jacksonville, FL 32246

(Mailing Address)

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

Name: Oronzo Triggiano

Office Address: 2717 Dalmation Lane East

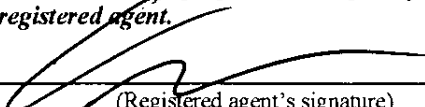
Jacksonville, Florida 32246

(City)

(Zip code)

Registered agent's acceptance:

*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 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.*

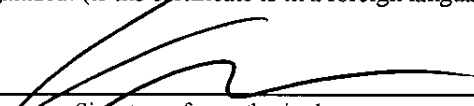

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Oronzo Triggiano, Managing Director, 2717 Dalmation Lane East, Jacksonville, FL 32246

Stephanie Rice, Managing Director, 2717 Dalmation Lane East, Jacksonville, FL 32246

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)


Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

ORONZO TRIGGIANO

Typed or printed name of signee

FILE
2016 MAY -6 AM 8:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

FILED
2016 MAY -6 AM 8:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Polar Cold Caps, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 13148771
Date Inc/Auth/Filed : 01/30/2015
Jurisdiction : Georgia
Print Date : 04/26/2016
Form Number : 211



B. P. Kemp

Brian P. Kemp
Secretary of State