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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S Warren

JAN 30 2017

**REED WEITKAMP
SCHELL & VICE PLLC**

500 West Jefferson Street, Suite 2400
Louisville, Kentucky 40202-2812
Telephone 502.589.1000
Facsimile 502.562.2200
www.RWSVlaw.com

January 26, 2017

VIA FEDERAL EXPRESS

Florida Secretary of State
Corporations Division
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Application by Foreign Limited Liability Company for Authorization
to Transact Business in Florida

Dear Sir or Madam:

Enclosed please find an original and two copies of the following documents for filing with your office:

- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- Application for Registration of Fictitious Name

Also enclosed you will find a check in the amount of \$175 to cover the filing fees. Please file the enclosed documents and return the filed-stamped copies to me. I have enclosed a self-addressed return envelope for your convenience.

If you have any questions or concerns, please contact me.

Sincerely,



Shelley A. Kidder
Paralegal

SAK/
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EI Acquisition, 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:

Shelley A. Kidder

Name of Person

Reed Weitkamp Schell & Vice PLLC

Firm/Company

500 W. Jefferson St., Ste. 2400

Address

Louisville, Kentucky 40202

City/State and Zip Code

gweitkamp@rwsvlaw.com

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

For further information concerning this matter, please call:

Shelley A. Kidder

502

589 - 1000

Name of Contact Person

at (_____) _____

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. EI Acquisition, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Jacksonville IceMen, 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. Indiana
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 26-2208034
(FEI number, if applicable)
4. January 27, 2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 3300 U.S. Highway 41 North
Henderson, Kentucky 42420
(Street Address of Principal Office)
6. 3300 U.S. Highway 41 North
Henderson, Kentucky 42420
(Mailing Address)

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

[Signature]
(Registered agent's signature)

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

Ronald G. Geary, Manager, 3300 U.S. Highway 41 North, Henderson, KY 42420

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)

Ronald G. Geary
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.

Ronald G. Geary, Manager

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE
STATE OF FLORIDA**

We, the undersigned, do hereby certify that I am the Authorized Person

of EI Acquisition, LLC
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

Indiana
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the

requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

Jacksonville IceMen, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company, L.L.C., or LLC.)

Ronald J. Henry SOLE MEMBER 1/26/17
Signature Authorized Person Date

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CLERK OF STATE
TREASURY FLORIDA

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

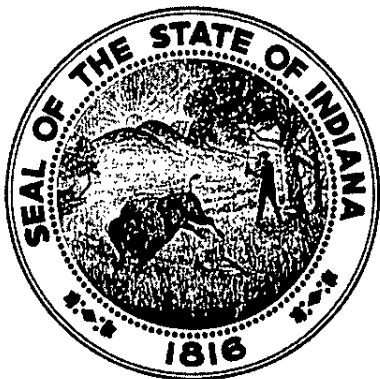
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

EI ACQUISITION, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 03, 2008, and was in existence or authorized to transact business in the State of Indiana on January 26, 2017.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 26, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

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Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>