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S. FRANKLIN APR 2 1 2022

# **COVER LETTER**

TO:

Polar Ice Arena & F					
<u> </u>	Name (	of Limited Liability	Company		_
			ation to Transact Business is ited liability company to trai		
eturn all correspondence of	concerning this matter to t	he following:			
Harbor Compli	ance				
		Name of Person			_
		Firm/Company			_
1830 Colonial	Village Ln				
		Address			_
Lancaster, PA,	17601				
	City	/State and Zip Code			20/22
professional@ha	rborcompliance.com	·			FP 2
	E-mail address: (to be u	sed for future annua	l report notification)	-,	
her information concernin	g this matter, please call:			,	PH
J Pierce		717	447-5035	 	2022 APR 11 PH L: LT
Name o	f Contact Person	at (at 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 Cit Tallahassee, FL 32301	rcle	
Enclosed is a check for the	ne following amount:				

# 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:

Chartestiction under the law of which foreign limited liability company is organized)   3.   (FEI number, if applicable)	name unavailable, enter alternate i	name adopted for the purpose of transacting business i	in Florida. The alternate	name must include "Limited Liability	y Company," "L.L.C," or "LL	C.")
(Date first transacted business in Florida, 17 prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)  217 N Adams St  (Street Address of Principal Office)  Moscow, ID, 83843  Moscow, ID, 83843  Moscow, ID, 83843  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  REGISTERED AGENTS INC.  7901 4TH ST N STE 300  Office Address:  ST PETERSBURG  33702	Idaho					
217 N Adams St (Street Address of Principal Office)  Moscow, ID, 83843  Moscow, ID, 83843  Moscow, ID, 83843  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  REGISTERED AGENTS INC.  Name:  7901 4TH ST N STE 300  Office Address:  ST PETERSBURG  33702	(Jurisdiction under the law of w	hich foreign limited liability company is organized)	_ 3	(FEI number,	if applicable)	-
217 N Adams St  (Street Address of Principal Office)  Moscow, ID, 83843  Moscow, ID, 83843  Moscow, ID, 83843  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  REGISTERED AGENTS INC.  Name:  7901 4TH ST N STE 300  Office Address:  ST PETERSBURG  33702						
217 N Adams St  (Street Address of Principal Office)  Moscow, ID, 83843  Moscow, ID, 83843  Moscow, ID, 83843  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  REGISTERED AGENTS INC.  Name:  7901 4TH ST N STE 300  Office Address:  ST PETERSBURG  33702		(Data first transacted business in Florida of an	as to emistate the V		<u></u>	
(Street Address of Principal Office)  Moscow, ID, 83843  Moscow, ID, 83843  Moscow, ID, 83843  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  REGISTERED AGENTS INC.  Name:  7901 4TH ST N STE 300  Office Address:  ST PETERSBURG  33702		(See sections 605,0904 & 605,0905, F.S. to de	etermine penalty liability	)		
Moscow, ID, 83843  Moscow, ID, 83843  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  REGISTERED AGENTS INC.  7901 4TH ST N STE 300  ST PETERSBURG  33702	217 N Adams St					
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  REGISTERED AGENTS INC.  Name:  7901 4TH ST N STE 300  ST PETERSBURG  33702	(Street Address of	Principal Office)	0	(Mailing Address)		-
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  REGISTERED AGENTS INC.  Name:  7901 4TH ST N STE 300  ST PETERSBURG  33702	Moscow, ID, 83843		Moso	cow, ID, 83843		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  REGISTERED AGENTS INC.  Name:  7901 4TH ST N STE 300  ST PETERSBURG  33702	<u> </u>			<del></del>	20	-
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  REGISTERED AGENTS INC.  Name:  7901 4TH ST N STE 300  ST PETERSBURG  33702					)22 F	-
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  REGISTERED AGENTS INC.  Name:  7901 4TH ST N STE 300  ST PETERSBURG  33702		<del></del>			. 3	-
Office Address:  Type 1 4TH ST N STE 300  ST PETERSBURG  33702	Name and street address	ss of Florida registered agent: (P.O. I	Box NOT accept	able)	-	-
Office Address:  Type 1 4TH ST N STE 300  ST PETERSBURG  33702					PH	٠.
Office Address:  Type 1 4TH ST N STE 300  ST PETERSBURG  33702	X1	REGISTERED AGENTS INC.			F - 5	****
Office Address: ST PETERSBURG 33702	Name:			<del></del>		
ST PETERSBURG 33702		7901 4TH ST N STE 300			•	
	Office Address:	OT DETERMENT OF		_		
, Florida	Office Address:			Florida (Zip code)		
(City) (Zip code)	Office Address:	ST PETERSBURG (City)				

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Victor C Storhok Richard J Berns Manager Manager Name: Address: \_ 217 N Adams St Address: 217 N Adams St Member Member Moscow, ID, 83843 Moscow, ID, 83843 Authorized Authorized Person Person Other Other Other\_\_\_ Other\_\_\_\_ Manager Manager Name: Member Address: \_\_\_\_\_ ☐ Member Address: \_\_\_\_\_ Authorized Authorized Person Person Other Other\_\_\_\_ Other Other\_ Manager Name: \_\_\_\_ Manager Member Address: \_\_\_\_\_ Member Authorized ☐ Authorized Person Person Other Other\_\_\_\_ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) 10. 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. Victor C Storkok Signature of an authorized person Victor C Storhok

Typed or printed name of signee



# STATE OF IDAHO

Lawerence Denney | Secretary of State **Business Office** 450 North 4th Street PO Box 83720 Boise, ID 83720

Issuance Date: 04/06/2022

Copies Requested:

# April 6, 2022

Request Type: Certificate of Existence/Filing

Request #:

0004689818

Receipt #:

000640787

Regarding:

POLAR ICE ARENA & FITNESS CENTER LLC

Filing Type:

Limited Liability Company (D)

Formation/Qualification Date: 10/09/2015

Status:

Active-Existing

**Duration Term:** 

Perpetual

File #:

477494

Formation Locale: IDAHO

Inactive Date:

### Certificate of Existence

I, Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

# POLAR ICE ARENA & FITNESS CENTER LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Lawerence Denney

Idaho Secretary of State

Processed By: Business Division

Phone: 208-334-2301 \* Email: business@sos.idaho.gov \* Website: sosbiz.idaho.gov