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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H23000318505 3)))



H230003185053490

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: managedreports@incorp.com

RECEIVED

2023 SEP 11 PM 2:03

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

FILED
2023 SEP 11 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FL

**Foreign Limited Liability Company
ICE Surveyors, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

COVER LETTER

H23000318505 3

TO: Registration Section
Division of Corporations

SUBJECT: ICE Surveyors, 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:

Kathy Shin

Name of Person

InCorp Services, Inc.

Firm Company

3773 Howard Hughes Pkwy, Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

managedreports@incorp.com

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

For further information concerning this matter, please call:

InCorp Services, Inc. / Kathy Shin

Name of Contact Person

at (800) 246-2677

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$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

H23000318505 3

H23000318505 3APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:1. ICE Surveyors, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

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

2. South Carolina 3. 93-3289818
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)4. Upon Filing
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.004 & 605.005, F.S., to determine penalty liability.)5. 110 Midlands Ct. 6. 110 Midlands Ct.
(Street Address of Foreign Office) (Mailing Address)

West Columbia, SC 29169 West Columbia, SC 29169

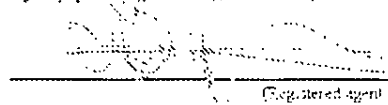
7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name InCorp Services, Inc.

Office Address 3458 Lakeshore Drive

Tallahassee Florida 32312
(City) (Zip code)FILED
2023 SEP 11 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FL

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. Louise Breytenbach on behalf of InCorp Services, Inc.
(Registered agent's signature)**H23000318505 3**

H23000318505 3

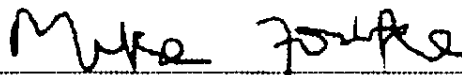
8. For initial indexing purposes, list names, title or capacity, and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name, <u>Ross Jones</u>	<input checked="" type="checkbox"/> Manager	Name <u>Mike Fowke</u>
<input type="checkbox"/> Member	Address, _____	<input type="checkbox"/> Member	Address, _____
<input type="checkbox"/> Authorized	<u>110 Midlands Ct.</u>	<input type="checkbox"/> Authorized	<u>110 Midlands Ct.</u>
Person	<u>West Columbia, SC 29169</u>	Person	<u>West Columbia, SC 29169</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name, _____	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address _____	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name _____	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address _____	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.



Signature of authorized person

Mike Fowke

Typed or printed name of signer

H23000318505 3

H23000318505 3

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

ICE Surveyors, LLC, a limited liability company duly organized under the laws of the State of South Carolina on August 24th, 2023, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 11th day
of September, 2023.


Mark Hammond, Secretary of State

H23000318505 3