

M 240000002702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

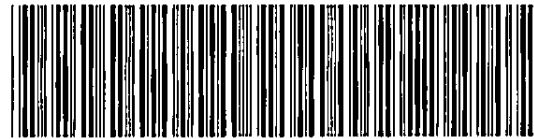
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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ice Ice Bannerman, 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:

Blake Miles  
Name of Person

Ice Ice Bannerman, LLC  
Firm/Company

2023 Marine Ct  
Address

Tallahassee, FL 32308  
City/State and Zip Code

blakemiles@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Blake Miles at (407) 810-3885  
Name of Contact Person 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

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. Ice Ice Bannerman, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wyoming 3. 93-2506715  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3-25-2024  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 2023 Marne Ct 6. Blake miles  
(Street Address of Principal Office) (Mailing Address)

Tallahassee, FL 32309

2023 Marne Ct

Tallahassee, FL 32309

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

Name: Blake miles

Office Address: 2023 Marne Ct

Tallahassee, Florida 32309  
(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.

Blake miles  
(Registered agent's signature)

2023 MAR -4 PM 4:31

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>Blake Miles</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Keith Paniucki</u>
<input checked="" type="checkbox"/> Member	Address: <u>2023 Maine Ct</u>	<input checked="" type="checkbox"/> Member	Address: <u>3714 Swallowtail</u>
<input type="checkbox"/> Authorized Person	<u>Tallahassee, FL 32308</u>	<input type="checkbox"/> Authorized Person	<u>Trace</u> <u>Tallahassee, FL 32309</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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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.

Blake Miles  
Signature of an authorized person

Blake Miles  
Typed or printed name of signer

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**Ice Ice Bannerman LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **July 21, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001303193**.

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 1st day of March, 2024 at 1:59 PM. This certificate is assigned ID Number 070500410.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State

Welcome, bnoles15 ▾

# Florida Business Tax Application

## Confirmation

Thank you for submitting your Florida Business Tax Application. Your application has been successfully transmitted for processing.

Application confirmation Number: **297-1450-6124** (confirmation number will be sent to the email address associated with your user profile, [bmiles@jeremiahsice.com](mailto:bmiles@jeremiahsice.com) (<mailto:bmiles@jeremiahsice.com>))

**Applicant Name**

Ice Ice Bannerman LLC

**Applicant ID**

FEIN: 93-2506715

**Physical Address**

8474 Bannerman Blvd, Tallahassee, FL, US, 32312-9118

**Mailing Address**

8474 Bannerman Blvd, Tallahassee, FL, US, 32312-9118

**Confirmation Number**

297-1450-6124

**Submission Date/Time**

03/01/2024 11:08 AM

To verify the status of your submitted application, you may return to this site after three days. You will be asked to log in using the credentials you established when beginning the application process.

If your application is approved, you will receive your certificate of registration or notification of liability via U.S. Mail within **7-10 days**.

To maintain a record of this application:

- [Print this page](#) for your confirmation
- [Click here to view a printable version of your registration application](#)
- [Click here to subscribe to Department of Revenue electronic publications](#)

### Additional Registration Tasks

Based on your responses during the application process, the following tasks and forms may also need to be completed.

- New Florida employers **must** register with the *Florida New Hire Reporting Center* to report newly hired and re-hired employees in Florida at the Florida New Hire Reporting Center website (<https://servicesforemployers.floridarevenue.com/Pages/home.aspx>).
- Florida employers are **required** to obtain appropriate workers' compensation insurance coverage for their employees at the Florida Division of Workers' Compensation website (<https://www.myfloridacfo.com/division/wc/>).

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