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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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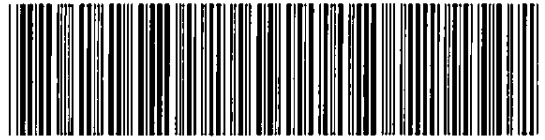
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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OCT 22 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emerald Coast Ice Vending 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:

Kyle Knop

Name of Person

Emerald Coast Ice Vending LLC

Firm/Company

P.O. box 1092

Address

Robertsdale AL 36567

City/State and Zip Code

Kyle@emeraldcoastice.net

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

For further information concerning this matter, please call:

Kyle Knop

Name of Contact Person

at

256

Area Code

636-6226

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2024

KYLE KNOP 2ND REJECT
P.O. BOX 1092
ROBERTSDALE, AL 36567

SUBJECT: EMERALD COAST ICE VENDING LLC
Ref. Number: W24000091877

We have received your document for EMERALD COAST ICE VENDING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 124A00013169

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. Emerald Coast Ice Vending 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. Alabama
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 93-4218727
(FEI number, if applicable)

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

5. 212 Lakefront Circle
(Street Address of Principal Office)

6. P.O. BOX 1092
(Mailing Address)

Summerdale AL 36580

Robertsdale AL 36567

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

Name: Klay Knop

Office Address: 1105 Clara Ave Unit 6212

Panama City Beach FL 32406 Florida
(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.

Klay Knop
(Registered agent's signature)

FILED
2024 OCT 22 PM 4:57
CLERK OF STATE
TALLAHASSEE, FL

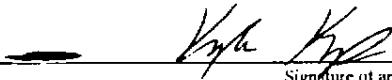
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	<u>Kyle Knop</u>		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	<u>212 Lakefront Circle</u>		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		<u>Summerdale AL 36580</u>		<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:	<u>Klay Knop</u>		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	<u>1105 Clara Ave Unit 6212</u>		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		<u>Panama City Beach FL 32406</u>		<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:	<u>John Gerrard</u>		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	<u>3813 Grand Key Dr.</u>		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		<u>Orange Beach AL 36661</u>		<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 an authorized person

Kyle Knop
Typed or printed name of signer

Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that EMERALD COAST ICE
VENDING LLC was formed in Alabama on November 1, 2023. The Alabama
Entity Identification number for this entity is 001-106-317. I further certify that the
records do not disclose that said entity has been dissolved, cancelled or terminated.



20241022000021004

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

10/22/2024

Date

A handwritten signature in black ink, appearing to read "Wes Allen", written over a horizontal line.

Wes Allen

Secretary of State