

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
REGISTRATION DIVISION
(651) 296-2211

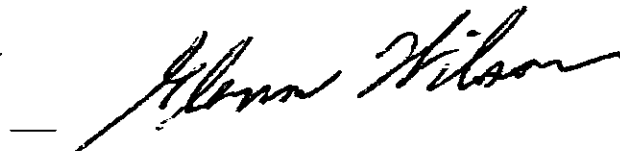
IN THE MATTER OF THE REGISTRATION OF:
KONA ICE F/A
By KONA ICE INC

ORDER OF
REGISTRATION

WHEREAS, an application has been filed pursuant to Minn.
Stat. §80C.04; and

WHEREAS, the applicant has complied with the requirements
of registration,

NOW, THEREFORE, IT IS ORDERED, that the registration be
declared effective as of the date set forth below.



GLENN WILSON
Commissioner
Department of Commerce
85 7th Place East, Suite 500
St Paul, MN 55101

Date: November 8, 2010
dlw

OCT 18 2010
Fees \$ 400**Form A – Uniform Franchise Registration Application****UNIFORM FRANCHISE REGISTRATION APPLICATION**File No. NEW) F-6527
(Insert file number of immediately preceding filing of Applicant)State: Minnesota

Fee: \$400 _____

APPLICATION FOR (Check only one): **INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES** **RENEWAL APPLICATION OR ANNUAL REPORT** **PRE-EFFECTIVE AMENDMENT** **POST-EFFECTIVE MATERIAL AMENDMENT**FY 2
12/31/10

Eff 11/8/10

N

1. Full legal name of Franchisor: **Kona Ice, Inc.**
2. Name of the franchise offering: **Kona Ice**
3. Franchisor's principal business address:
**10943 Dixie Highway
Walton, Kentucky 41094**
4. Name and address of Franchisor's agent in this State authorized to receive service of process:

**Minnesota Commissioner of Commerce
Minnesota Department of Commerce
85 7th Place East, Suite 500
St. Paul, MN 55101**

5. The states in which this application is or will be shortly on file:

California, Florida, Hawaii, Illinois, Indiana, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Nebraska, New York, North Carolina, Rhode Island, South Carolina, Texas, Utah, Virginia, Washington, Wisconsin.

6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:

Jim Bell
155 Whitman Hollow Rd
Walhalla, SC 29691
PHONE 864-718-8639
FAX 775-263-3771
jim@franchise-u.com

Certification

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of October 11, 2010 attached as an exhibit, and that all material facts stated in all those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.

Signed at Walhalla, SC, October 11, 2010

Franchisor:

Kona Ice, Inc.

By:

Name: Tony Lamb

Title: President

Dina A Bell
Dina A Bell
Notary Public, State of South Carolina
My Commission Expires March 28, 2019

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