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	(Req	juestor's Nam	e)		
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Special Instructions	to F	iling Officer:			
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Office Use Only



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SECRETARY OF STATE

T. CLINE MAY 11 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Sparks Playground Limited Pa (Name of Al	artnership lien Business Organization)	
Dear Sir or Madam:		
The enclosed Designation of Registered Agent are submitted for filing.	nd Registered Office for Alien Business Org	ganization and fee(s)
Please return all correspondence concerning this	matter to the following:	
Charles Fager		
(Name of Person)		
Sparks Playground Limited Partner (Firm/Company)	rship	<b>-</b> 1
(1.1.2.2.1.4.1.3)		2011 MAY 10 SECRETARY ALLAHASSE
804 South Newport Ave.		ARE I
(Address)		
Tampa, FL 33606		HAY 10 PH 12: 47 RETARY OF STATE AHASSEE, FLORID
(City/State and Zip Code)		NAIS IN COR
		DA 4.7
For further information concerning this matter, p	lease call:	
Joan Fager at (8	13 ) 254-4028	
(Name of Person) (Ar	ea Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$35.00 Filing Fee	\$43.75 Filing Fee & Certified Co	ору

## DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1.	Sparks Playground Limited Partnership (Name of alien business	organization)	
2	Arizona	3, 27-0680089	
_	(State or country under which entity is organized)	(FEI Number, if applicable)	
4.	1631 E. Cheery Lynn Road Phoenix, Arizona 85		
	(Principal office a	address)	
5	5. Name and Florida Street address of registered agent.		
	Charles Fager		
	804 South Newport Ave		
	Tampa, FL 33606	SE TAL	
6	5. The street address of the registered office and the street address identical.	ress of the business office of the registered agent	
7.	ghature of chairman, vice of	chairman, or officer)	
8.	Charles Fager G.P. Spark (Name and capacity of person sign		Ç
9	Signature of registered agent:		
	hereby accept the appointment as registered agent. I am 607.0505, Florida Statutes.	familiar with and accept the obligations of sec	rtion
(	Musica J. Japen C. P. Smorten Mayor. (Registered agent/accepting appointment)	round L.P. 5/6/2011	

**FILING FEE \$35** 

THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

TRANSACT BUSINESS IN THE STATE OF FLORIDA.