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(Re	questor's Name)				
(Add	dress)				
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nai	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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MUNICATION AND SALE

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COVER LETTER

TO:	New Filing Se Division of Co				
SUBJ	_{ECT:} Spai	rtan Manag	ement,	Inc.	
5000				on - must include suffix	
Dear S	ir or Madam:				
"Certif	icate of Existen		of Good St	or Authorization to Transa anding" and check are sub ness in Florida.	
Please	return all corres	spondence concern	ing this mat	ter to the following:	
Jeff	rey E. Fo	reman			
			Name o	of Person	
Fore	eman Frie	edman, PA			
		,	Firm/Co	• •	
2 S	outh Bisc	ayne Boule	vard, S	te. 2300	
			Ado	Iress	
Mia	mi, FL 33	131			
			City/State	and Zip code	
JFo	reman@ffl				
		E-mail address	s: (to be use	d for future annual report	notification)
For fur	ther information	n concerning this n	natter, please	e call:	
l aff			205	250 6555	
Jen	rey E. Fo		at (305		NIl
	Name of Pers	on	Are	a Code & Daytime Teleph	one Number
	New Filing Se Division of Co Clifton Buildi	orporations ng ve Center Circle	S:	MAILING A New Filing Se Division of Ce P.O. Box 632 Tallahassee, F	ection orporations 7
Enclos	ed is a check fo	r the following am	ount:		
57 0	0.00 Filing Fee	■ \$78.75 Filin Certificate	_	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	(Enter name of co	Management, Inc. proporation; must include "INCORPORATE prp," "Inc," "Co," or "Corp.") Management of South Fl				-
	(If name unavailal	ble in Florida, enter alternate corporate na	me a	adopted for the purpose of transacting business in Flo	rida)	_
2.	Illinois		3.	36-4151322		
_,	(State or country	under the law of which it is incorporated)	,	(FEI number, if applicable)		_
4.	04/08/199	97	5.	Perpetual		
	. (Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetu	ual")	_
6.						-
				n Florida, if prior to registration) 602, F.S., to determine penalty liability)		
~	770 Lake (Cook Road Ste 120 Dee		• • •		
/		(Principal office				-
	2 South Bis	scayne Boulevard, Ste. 23	30	0 Miami, FL 33131		
-		(Current mailing	addı	ress)		_
8.	Name and street	t address of Florida registered agent: (Jeffrey E. Foreman	(P.C	D. Box NOT acceptable)	1. DFC	Fig.
Of	fice Address:	2 South Biscayne Boulevard, Ste	e. 2	300		4
		Miami		, Florida 33131		¥
		(City)		(Zip code)	 	= ,
9.	Registered age	nt's acceptance:		>		•

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman: Brad Ginsberg			
Address: 1733 Espanola Drive			
Miami, FL 33133	 		
Vice Chairman:			
Address:			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS			
President: Brad Ginsberg			
Address: 1733 Espanola Drive			
Miami, FL 33133	72.	<u></u>	
Vice President:		DEC	3
Address:	ů.	,,,,,,,	; · · ·
	:17	777	
Secretary: Brad Ginsberg	<u> </u>		٠.
Address: 1733 Espanola Drive Miami, FL 33133	部	ත	
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/	or directors	3 .	
12.			
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the	facts state	d hereii	n
are true and that he or she is aware that false information submitted in a document to the Departmen a third degree felony as provided for in s.817.155, F.S.			
13. Brad Ginsberg, President			

(Typed or printed name and capacity of person signing application)

File Number

5935-497-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SPARTAN MANAGEMENT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 08, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1433001372

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 26TH day of NOVEMBER A.D. 2014.

Desse White

SECRETARY OF STAT