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COVER LETTER

TO:	Registration Section Division of Corporations			
	Spear Incorporated			
SUBJ	TECT:			
	Name	e of corporation -	must include suffix	
Dear S	Sir or Madam:			
"Certi		ite of Good Stand	authorization to Transact Business in Florida," ing" and check are submitted to register the s in Florida.	
Please Liz Pa	return all correspondence concer radise	ming this matter t	o the following:	
Spear	Incorporated	Name of P	erson	
8000 7	Towers Crescent Dr. Fl 13	Firm/Comp	any	
Vienn			S and the second of the second	
lparad	ise@spear-inc.net	City/State and	l Zip code	
	E-mail addre	ss: (to be used fo	r future annual report notification)	
For fu	rther information concerning this	matter, please ca	n:	
Liz Pa		703	847-3678	
	Name of Person	at (Area Code	Daytime Telephone Number	
		100 000		
	STREET/COURIER ADDRE Registration Section Division of Corporations	SS:	MAILING ADDRESS: Registration Section Division of Corporations	
	Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, FL 32314	
Enclos	sed is a check for the following an	nount:		
□ \$70	0.00 Filing Fee	_	\$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.

Spear Incoporate 1.		
"Inc.," "Co.," "C	orporation; must include "INCORPORATED," "(orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"
Spear Incorporate	ed, VA	
Virginia	45	pted for the purpose of transacting business in Florida) -4592587
(State or country February 13, 20	y under the law of which it is incorporated)	(FEI number, if applicable)
. (Date October 27, 201.	of incorporation) 5.	(Date of duration, if other than perpetual)
5.		
<i></i>	(Date first transacted business in Flo	orida, if prior to registration)
8000 Towers Cres	(SEE SECTIONS 607.1501 & 607.1502, scent Dr. Fl 13	, F.S., to determine penalty liability)
8000 Towers Cres	(SEE SECTIONS 607.1501 & 607.1502, scent Dr. Fl 13	
8000 Towers Cres	(SEE SECTIONS 607.1501 & 607.1502, scent Dr. Fl 13 (Principal of	office address) ddress, if different)
8000 Towers Cres	(SEE SECTIONS 607.1501 & 607.1502, scent Dr. Fl 13 (Principal of	office address) ddress, if different) Box NOT acceptable)
8000 Towers Cres	(SEE SECTIONS 607.1501 & 607.1502, scent Dr. Fl 13 (Principal of Current mailing a	office address) ddress, if different) Box NOT acceptable)
8000 Towers Cres 7 3. Name and stree	(SEE SECTIONS 607.1501 & 607.1502, scent Dr. Fl 13 (Principal of Current mailing a taddress of Florida registered agent: (P.O. E	office address) ddress, if different) Box NOT acceptable)
8000 Towers Cres 7. 3. Name and stree Name:	(SEE SECTIONS 607.1501 & 607.1502, scent Dr. Fl 13 (Principal of Current mailing a taddress of Florida registered agent: (P.O. E REGISTERED AGENTS INC. 3030 N. Rocky Point Drive, STE 150	office address) ddress, if different) Box NOT acceptable)

9. Registered agent'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.

Bill Havre/Secretary/Registered Agents Inc.

(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:	E .
A. DIRECTORS	2015 DEC 4 PM 3
Chairman:	2015 DFC -
Address:	TALL SHOW
	TALLAHASSEF STA
Vice Chairman:	~ OK)
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
Richard Pineda President:	
8000 Towers Crescent Dr. Fl 13 Address:	
Vienna, VA 22182	-
Luigi Antonelli Vice President:	
8000 Towers Crescent Dr. Fl 13 Address:	
Vienna, VA 22182	
Canadamia	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition	onal officers and/or directors.
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above are true and that he or she is aware that false information submitted in a document to a third degree felony as provided for in s.817.155, F.S. Luigi Antonelli	e) affirms that the facts stated herein
13.	3.
(Typed or printed name and capacity of person signing app	olication)

Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Spear Incorporated is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is February 13, 2012;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.





Signed and Sealed at Richmond on this Date; November 23, 2015

Joel H. Peck, Clerk of the Commission

CISECOM

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