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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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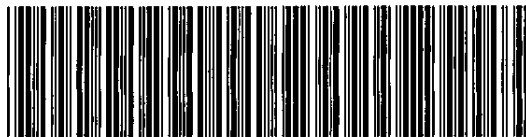
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/17/16--01031--001 **3870.00

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DEPARTMENT OF REVENUE
16 JUN 17 PM 2:15

JUN 20 2016
J. BRUCE

CT

June 17, 2016

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 70628208 WO
Customer Reference 1: Spillman Technologies
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

Spillman Technologies, Inc. (UT)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spillman Technologies, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

_____	Name of Person
_____	Firm/Company
_____	Address
_____	City/State and Zip code
finance@spillman.com	E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$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.*

1. Spillman Technologies, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(if name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Utah

(State or country under the law of which it is incorporated)

3. 87-0388618

(FEI number, if applicable)

4. 08/30/1982

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. 04/08/1994

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4625 West Lake Park Blvd., Salt Lake City, UT 84120

(Principal office address)

same

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

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.

C T Corporation System

Connie Breyer

By: *Connie Breyer*

Assistant Secretary

(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.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Richard Spillman

Address: 4625 W. Lake Park Blvd.

Salt Lake City, UTAH 84120

Vice Chairman: _____

Address: _____

Director: Lance Clark

Address: 4625 West Lake Park Blvd.

Salt Lake City, UT 84120

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: _____

Address: _____

Vice President: Joe Lunt

Address: _____

Secretary: Chris Kellett

Address: 4625 West Lake Park Blvd., Salt Lake City, UT 84120

Treasurer: Chris Kellett

Address: 4625 West Lake Park Blvd., Salt Lake City, UT 84120

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Chris Kellett

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Chris Kellett, Secretary

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

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TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

1	Full Name:	Lance Clark
	Officer/Director:	Officer
	Officer's Title:	President and Chief Executive Officer
	Director's Title:	
	Business Address:	4625 West Lake Park Blvd.
	City:	Salt Lake City
	State:	UT
	ZIP Code:	84120
2	Full Name:	Chris Kellett
	Officer/Director:	Officer
	Officer's Title:	Chief Financial Officer
	Director's Title:	
	Business Address:	4625 West Lake Park Blvd.
	City:	Salt Lake City
	State:	UT
	ZIP Code:	84120
3	Full Name:	Chris Hellewell
	Officer/Director:	Officer
	Officer's Title:	Vice President, Product Development
	Director's Title:	
	Business Address:	4625 West Lake Park Blvd.
	City:	Salt Lake City
	State:	UT
	ZIP Code:	84120
4	Full Name:	Jeremy Raulinaitis
	Officer/Director:	Officer
	Officer's Title:	Vice President, Customer Service
	Director's Title:	
	Business Address:	4625 West Lake Park Blvd.
	City:	Salt Lake City
	State:	UT
	ZIP Code:	84120
5	Full Name:	Tag Wybrow

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TALLAHASSEE, FLORIDA

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Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

Officer

Vice President, New Business Development

4625 West Lake Park Blvd.

Salt Lake City

UT

84120

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Utah Department of Commerce
Division of Corporations & Commercial Code

149 East 300 South, 2nd Floor, PO Box 146705

Salt Lake City, UT 84114-6705

Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: <http://www.commerce.utah.gov>

06/09/2016

811372-014206092016-1628419

CERTIFICATE OF EXISTENCE

Registration Number:	811372-0142
Business Name:	SPILLMAN TECHNOLOGIES, INC
Registered Date:	August 30, 1982
Entity Type:	Corporation - Domestic - Profit
Current Status:	Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Kathy Berg

Kathy Berg
Director
Division of Corporations and Commercial Code