## F18000003664

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
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N CULLIGAN' AUG 9 2018

## **COVER LETTER**

TO: Registration Section Division of Corporation	ıs			
SP Commerce, I				
SUBJECT:	Ni			
	ivame of corporation	r - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by I "Certificate of Existence," or "above referenced foreign corpo	Certificate of Good Star	nding" and check are sul		
Please return all correspondenc Albert M. Narvades	e concerning this matte	r to the following:		
	Name of	Person	· · · · · · · · ·	
SP Commerce, Inc.				
7650 W. Courtney Campbell Ca	Firm/Con auseway Suite 1200	прану		
Tampa, FL 33607	Addr	ess		
sałestax@jaggedpeak.com	City/State a	and Zip code		
E-m	nil address: (to be used	for future annual report	notification)	
For further information concern	ing this matter, please	call:		
Stevie Campbell	813	637-6900		
	at (	)	<del> </del>	
Name of Person	Area Coo	le Daytime Tele <sub>I</sub>	ohone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration 6 Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the foll	owing amount:			
	8.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	



August 8, 2018

ALBERT M. NARVADES 7650 W. COURTNEY CAMPBELL CAUSEWAY SUITE 1200 TAMPA, FL 33607

SUBJECT: SP COMMERCE, INC. Ref. Number: W18000072155

We have received your document for SP COMMERCE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 018A00016375

## 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. SP Commerce, Inc. 1. (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) 47-5604903 (FEI number, if applicable) (State or country under the law of which it is incorporated) 11/12/2015 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: 32301 Tallahassee , Florida (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. By: Corporation Service Company Holly Jones Assistant Vice President (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 Vice Chairman: Director: **B. OFFICERS** Paul B. Demirdjian President: 3518 Saddleback Ln. Address: Lutz, FL 33548 Vice President: Albert M. Narvades Secretary: 1129 Abbeys Way, Tampa, FL 33602 Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Luce 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. Albert Narvades



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SP COMMERCE, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SP COMMERCE,

INC." WAS INCORPORATED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203003276

Date: 07-03-18

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