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COVER LETTER

TO: Registration Section Division of Corporation	ations		
SUBJECT: Spar	ca Corp.	tion - must include suffix	
	· · · · · · · · · · · · · · · · · · ·	non - must merade suffix	
Dear Sir or Madam:			
The enclosed "Application "Certificate of Existence," above referenced foreign co	or "Certificate of Good S	Standing" and check are su	eact Business in Florida," ibmitted to register the
Please return all correspond	ence concerning this ma	tter to the following:	
	Rector		
	N.1	of Person	
Spar	Name Corp Firm/C	017 013011	
	Firm/C	ompany	
790 E. BY	TUNANT Blud	****	
	Ad	dress	
Ft. land	ordala c	7 2 2 2 2 4	
CELLO	er dale Cirystate	e and Zip code	2170
	•	r	
- Justicher Joi	-mail address: (to be use	Com d for future annual report	notification)
			notification)
For further information conc	erning this matter, pleas	e call:	
Average Dans	h		<u>က</u>
Bruce Rec Name of Person	at (_75	4) 254-219	?? ===================================
Name of Person	Area Co	ode Daytime Telep	hone Number
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Centrallahassee, FL 323 Enclosed is a check for the fe	ions er Circle 01	MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
,	•	5 679.74 53	5 000 50 500 =
± 3/0.00 rinng ree □	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 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. Sparea Coyp.

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

3. 83-3366215

(FEI number, if applicable) 2 DE (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 790 E. Broward Blvd., #700, Ft. Landerdale, FL 33301
(Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Judy Jones
790 E. Broward Blvd, #700

Ft. Lauderdale , Florida 33301
(City) (Zip code) Name: Office Address:

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.

(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	
Exce. Chairman: <u>Eduardo</u> Mangieri	
Address: The Old Rectory, church Street	
Weybridge, Surry KTI3DE GB	
Vice Chairman:	
Address:	
Director: Karl Hans Jeebaum	
Address: The old Rectory, church Street	
Weybridge, Surry KTIBDE GB	
Director: Gerard Francies Kool	
Address: The old Rectory, church Street	
Weybridge, Surry KT13DE GB	
B. OFFICERS	
	20%
President: Gerard Francies Kool	
Address: The Old Rectory, Church Street	22
Weybridge, Surry KT13DE GB	
Vice President:	ట.
Address:	50
E0+	
secretary: Karl Hans Jeebaum	
Address: The Old Rectory Church St., Weybridge, Suri	MY KTIBDE &
Treasurer: Bruce Rector	
Address: 790 E. Broward Bud, #700, Ft. Landers	lale, fr. 3330
NOTE: If necessary, you may attach an addendum to the application listing additional 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) 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 a third degree felony as provided for in s.817.155, F.S.	t of State constitutes
13. Bruce Rector	

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



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

DELAWARE, DO HEREBY CERTIFY "SPARCA CORP." 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 SECOND DAY OF MARCH, A.D. 2020.

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

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

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Authentication: 202495301

Date: 03-02-20