

F210000001705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

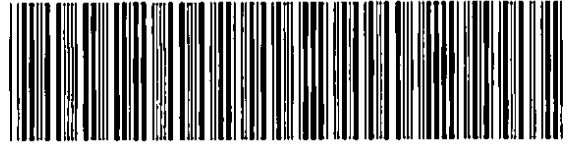
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer.

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SECRETARY OF STATE
TALLAHASSEE, FL

GD

2021 MAR 25 PM 2:59

US
3/26/21

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number: 1 CA000000017
Date: 3-25-21
Requestor Name: Carlton Fields
Address: Post Office Drawer 190
Tallahassee, Florida 32302
Telephone: (850) 513-3619 - direct
(850) 224-1585
Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO
DEDUCT FROM ACCOUNT

\$ 87.50

Corporation Name:

Spear Human Performance, Inc.

Email Address:

Entity Number:

Authorization:

Kim Pullen

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DEPT. OF STATE
TALLAHASSEE, FL

☒ Certified Copy

☒ New Filings

☐ Fictitious Name

☒ Certificate of Status

☐ Plain Stamped Copy

☐ Amendments

☐ Annual Report

☐ Registration

(X) Call When Ready

(X) Walk In

(X) Call if Problem

() Will Wait

() After 4:30

(X) Pick Up

CF Internal Use Only

Client: 06359

Account: 09669

Name: T. Tarpley

Office: ATL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spear Human Performance, 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:

David L. Batka

Name of Person

Spear Human Performance, Inc.

Firm/Company

1425 Village Square Blvd.

Address

Tallahassee, Florida 32132

City/State and Zip code

dbatka@spearhnp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David L. Batka

Name of Person

at (678)

Area Code

596-4215

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐

\$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

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SECRET
TALLAHASSEE, FL
STATE

**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. Spear Human Performance, 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. Delaware 3. 47-4036883
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 19, 2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 1425 Village Square Blvd., Tallahassee, FL 32132
(Principal office street address)
PO Box 12339, Tallahassee, FL 32317
(Current mailing address, if different)

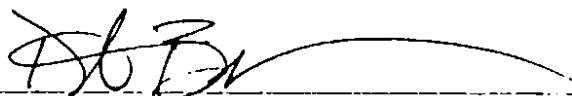
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: David L. Batka

Office Address: 1425 Village Square Blvd.
Tallahassee, Florida 32132
(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.


(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: David L. Batka
☐ Vice Chairman Address: 1425 Village Square Blvd
☒ Director Tallahassee, FL 32132
☐ President _____
☐ Vice President _____
☒ Secretary ☒ Treasurer
☒ Other Chief Operating Officer ☐ Other _____

☐ Chairman Name: Adam Faurot
☐ Vice Chairman Address: 1425 Village Square Blvd
☒ Director Tallahassee, FL 32132
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☒ Other Chief Operating Officer


☐ Chairman Name: Greg Carstensen
☐ Vice Chairman Address: 1425 Village Square Blvd
☒ Director Tallahassee, FL 32132
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Scott Keplinger
☐ Vice Chairman Address: 1425 Village Square Blvd
☒ Director Tallahassee, FL 32132
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jeff Eggers
☐ Vice Chairman Address: 1425 Village Square Blvd
☒ Director Tallahassee, FL 32132
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. David L. Batka, Chief Operating Officer, Treasurer and Secretary
 (Typed or printed name and capacity of person signing application)

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 STATE
 FL

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPEAR HUMAN PERFORMANCE, 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 TWENTY-THIRD DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPEAR HUMAN PERFORMANCE, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF MARCH, A.D. 2021.

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

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2021 MAR 25 PM 4:03
TAXES



5581356 8300

SR# 20211006507

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202799931

Date: 03-23-21