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To:

Division of Corporations

Fax Number : (850) 617-6363

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : 120060000135 Phone : (305)789-3200 Fax Number : (305)789-4137

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: abigail@spiraequitypartners.com

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FOREIGN PROFIT/NONPROFIT CORPORATION SPIRA MILL CREEK GF, INC.

Certificate of Status	0
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5/4/2021



May. 5, 2021

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FLORIDA DEPARTMENT OF STATE

STEARNS WEAVER MILLER WEISSLER ALHADESF & SITTERSON

SUBJECT: SPIRA MILL CREEK GP, INC.

REF: W21000061324

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The company listed as registered agent must read as it does on our data base. We do not have a company listed as "CORPORATE CREATIONS". Please list the proper name for the registered agent.,

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) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H21000179236 Letter Number: 621A00009328

****ATTACHED IS THE CORRECTED DOCUMENT. PLEASE HONOR THE ORIGINAL DATE OF SUBMISSION FOR THE EFFECTIVE FILING DATE - 5/4/2021****

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.

	CREEK GP, INC. corporation; must include "INC Curp." "Inc;" "Cor" or "Corp.")		"COMPANY," "CORPORATIO	ON,"
	lable in Florida, eliter alternate	corporate name ar	dopted for the purpose of transact	ting business in Florida)
	y under the law of which it is	Incorporated)	(FEI number, if	spplicable)
April 30,	2021			
(Dat	e of incorporation).		(Date of duration, if other	r than perpetual)
Date of filing a	pplication with Florida Departi		. ,	
RS West Genro		7.1501 & 607 150	Florida, if prior to registration) (2, F.S., to determine penalty liab	itity)
100,1100,00018	ia og detæ 1400, v altouvel, p		e street address)	
		() imerban office	o <u>street</u> dadressy	
		(Current mailing	address, if different)	-
Name and stre Name: fice Address:	corporate Creations Netw 801. US Highway 1		Box: <u>NOT</u> acceptable)	21 Ba
	North Palm Beach		, Florida 33408	
	(City)	· · ·	(Zip cade)	
aving been nan	s application, I hereby acception to the comply with the provisions of	pt the appointme of all statutes rel	e of process for the above statent as registered agent and ag lative to the proper and comp ition as registered agent	ed corporation at the pla ree to act in this capacity
rther agree to	r with and accept the obliga	timus of mix-hosi	and the second s	

under the law of which it is incorporated.

^{11.} For initial indexing purposes, list names stitles and addresses of the primary officers and/or directors [up to six (6) total]:

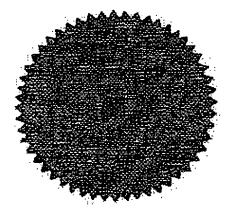
A. DIRECTORS			
□Chairman -	Name: Robert-Lee	Chairman Name:	
□Vice Chairman	Address:	□Vice Chairman Address: _	
⊠ Director.	Suite 1480	@Director	
⊡President	Vancouver, BC V6C 3E8	□President	
□Vice President		□Vice President	
∏Secretary	☐Ťreasurer	Secretary	☐ Tressnikt
Other	Other	[]Other	Oother
C) Chairman	Name:	□Chairman Namo:	
☐Vice Chairman	Address: 885 West Georgia Street	☐ Vice, Chairman Address:	
X Director	Suite 1/480	Director	
□President	Vancouver, BC V6C 3E8		
OVice President	·	□Vice Presidem	
Secretary	Treasurer	☐Secretary	☐ Treasurer
□Other		Other	Other
☐Cbairman	Name:	'D¢hainnan Name;	
□Vice Chairman	Address:		
□Director-		Director	
[]President		□Prosident	
□Vice President	·	□ Vice President	
☐Secretary	□ Treasurer	☐Secretary	Treasurer
디Oiher	⊡ Other		Other
Important Notice	:: Use an attachment to report more than six (6); be added to the Index when filing your Florida L	Department of State Annual Report form.	rling purposes only. Non-indexed
12	Signature of D	firector or Officer	
The officer or di she is aware that \$.817,155, P.S. Robert Le	rector signing this document tand who is listed; false information submitted in a document to the	n number 11 above) affirms that the fact e Department of State constitutes a third	s sizted herein are true and that he or degree felony as provided for in
	(Typed or printed name and capacity	cof person signing application)	



CERTIFICATE OF GOOD STANDING

BUSINESS CORPORATIONS ACT

I Hereby Certify that, according to the corporate register maintained by me, SPIRA MILL CREEK GP, INC, was incorporated as a company under the laws of the Province of British Columbia, is a valid and existing company and is, with respect to the filing of annual reports, in good standing.



ELECTRONIC CERTIFICATE

Issued under my hand at Victoria, British Columbia On April 30, 2021

CAROL PREST

Registrar of Companies
Province of British Columbia
Canada