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SPARAK Financial Systems, LLC 2701 12th Ave. SW Fargo, ND 58103

0000033565950----08/2706--01103--013 \*\*\*\*125.00 \*\*\*\*\*125.00

Examiner's Initials

Office Use Only

CORPORATION NAME(S) & DOCUM	TENT NUMBER(S), (if known):	
CORPORATION NAME(S) & DOCCE		
1. (Corporation Name)	(Document #)	- <del> </del>
2. (Corporation Name)	(Document #)	L AMPA
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☐ Walk in ☐ Pick up time _	Certified Copy	
Mail out Will wait	Photocopy Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>	<del>-</del>
<ul> <li>□ Profit</li> <li>□ Not for Profit</li> <li>□ Limited Liability</li> <li>□ Domestication</li> <li>□ Other</li> </ul>	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  Amendment SSEE S  Marger	1 = 1
OTHER FILINGS	REGISTRATION/QUALIFICATION NO STATE NO	
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	24

CR2E031(7/97)

FL057 - 15/1/99 CT System Online

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name	of the	Limited	Liability	Company	is:
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Sparak Financial Systems, LLC

2. The name and the Florida street address of the registered agent and office are:

	(Name)	- 17 SE 100
c/o C T Corp	poration System, 1200 South Pine Island Road	AS T
Florida street address (P.O. Box NOT ACCEPTABLE)		SSE 22
Plantation	<b>FL</b> 33324	PH 12: OF STA E, FLO
	City/State/Zip	N 29

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

C T Corporation System

Michele R. Justesen, Asst. Secy.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

### United States of America

#### State of Wisconsin



#### DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

#### SPARAK FINANCIAL SYSTEMS, LLC

is a domestic limited liability company organized under the laws of this state and that its date of organization is September 18, 1998.

I further that said company has not filed articles of dissolution with this department.



IN TESTIMONY WEIGREOF, I have hereunto set my hand and affixed the official seal of the Department on 14 April 2005.

RAY ALLEN, Administrator

Division of Corporate & Consumer Services

Department of Financial Institutions

BY:

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.