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SECRETARY UP STAT

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Spiker CARTS LLC (Name of Limited Liabil)	ity Company)
The enclosed "Application by Foreign Limited Liability Con Florida," Certificate of Existence, and check are submitted to liability company to transact business in Florida	pany for Authorization to Transact Business in
Please return all correspondence concerning this matter to the	e following:
SEFFREY E. HOWELL (Name of Pers	
(Name of Pers	on)
Spirit CARTS LICC (Firm/Compa	ny) TALECRE ALL LAH
1532 County Rd 25 (Address)	
CIANTON AIA 35 (City/State and Zi	Code)
For further information concerning this matter, please call:	
TEFF HOWELL at (Z (Name of Person) (Area	05) 280-5590 Code & Daytime Telephone Number)
MAILING ADDRESS: STREE Division of Corporations Division P.O. Box 6327 Clifton I Tallahassec, FL 32314 2661 Ex	T ADDRESS: of Corporations Building ecutive Center Circle see, FL 32301
Enclosed is a check for the following amount: \$\mathbb{X}\$\$125.00 Filing Fee \$\mathbb{L}\$\$155. Certificate of Status	00 Filing Fee & \$\bigcup\$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) June 01, 2007
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here X 9. The name and usual business addresses of the managing members or managers are as follows: 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes

an affirmation under the penalties of perjury that the facts stated herein are true.)

yped or printed name of signee

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: Spirit Carts, LLC			
If name unavailable, the alternate name to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are: Annette Mantin (Name) 42.15 Quil Civile Florida Street Address (P.O. Box NOT ACCEPTABLE) LAKE NONTH FL 33467 City/State/Zip	SECRE LAKY OF STATE TALLAHASSEE, FLORIDA	07 JUL 30 PM 2: 08	
Having been named as registered agent and to accept sorvice of process for the above	stated lin	witad	

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, Florida Statutes.

Cornette Mantis' (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Beth Chapman Secretary of State . P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Spirit Carts, LLc organized in the office of the Judge of Probate of Chilton County on June 6, 2007. I further certify that the records do not disclose that said Spirit Carts, LLc has been dissolved.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

July 24, 2007

Date

Beth Chapman

Beth Chapman

Secretary of State