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SECRETARY OF STATE

M. THOMAS

MAY - 6 2009

EXAMINER

W9-19166

Office Use Only

· COVER LETTER

то:	Registration Section Division of Corporations
SUBJ	ECT: SPM, LLC (Name of Limited Liability Company)
Florid	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in a," Certificate of Existence, and check are submitted to register the above referenced foreign limited ty company to transact business in Florida
Please	e return all correspondence concerning this matter to the following:
	Michele Picard
	Michele Picard (Name of Person)
	SPM, UC (Firm/Company)
	(Firm/Company)
	P.O. Box 55405 (Address)
	(Address)
	Birmingham, Az 35255 (City/State and Zip Code)
For fu	rther information concerning this matter, please call:
	Michele Picard at (205) 558-4019 ext. 215 (Name of Person) (Area Code & Daytime Telephone Number)
	MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclos	sed is a check for the following amount: \$\Begin{align*} \pm\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2009

MICHELE PICARD PO BOX 55465 BIRMINGHAM, AL 35255

SUBJECT: SPM, LLC

Ref. Number: W09000019166

We have received your document for SPM, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406. Florida Statutes, was amended effective July 1, 2007, to require the name of all imited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 809A00013673

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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) ecember 15. (Date of Organization) (Duration! Year limited liability company will cease to cember 15. (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 9. The name and usual business addresses of the managing members or managers are as follows: William B. Welden arles V. Welden III illiam Edgar Weiden itt. ed 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: real estate 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.) Welden

Typed 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.

SPM, UCC			
If name unavailable, the alternate name to be used in the state of Florida is: 9PM of Alabama LLC	TALLA	2009	
2. The name and the Florida street address of the registered agent and office are:	HASSEE	2009 MAY -5	
NRAI Services, Inc.	FLORID.	3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
2731 Executive Park Drive, Suite 4 Florida Street Address (P.O. Box NOT ACCEPTABLE)		í	
Weston FL 33331 City/State/Zip			

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.

(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 SPM, LLC organized in the office of the Judge of Probate of Jefferson County on December 15, 2008. I further certify that the records do not disclose that said SPM, LLC has been dissolved.



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.

April 10, 2009

Date

Beth Chapman

Beth Chapman

Secretary of State