M12000004396

(Requestor's Name)
,
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Enuty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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15170000201-02
W1200029683

Office Use Only



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D. BRUCE

AUG 0 6 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 30, 2012

RICHARD PARISI 2 PALMER DRIVE, SUITE 3 LONDONDERRY, NH 03053

SUBJECT: SPYGLASS PARTNERS, LLC

Ref. Number: W12000029683

We have received your document for SPYGLASS PARTNERS, 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 of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited 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. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name 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".

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 912A00015523

SECRETARY OF STATE

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 Tallahassaa Florida 32314

COVER LETTER

Registration Section Division of Corporations

 $\alpha_{\rm sign} = 1.7 \pm 0.00$

TO:

SUBJECT: Spyglass Partners, LL	_C	
Na	ame of Limited Liability Company	
	ability Company for Authorization to Transact Business in Florida above referenced foreign limited liability company to transact bus	
Please return all correspondence concerning this m	natter to the following:	
Richard Parisi		_
	Name of Person	
Spyglass Partners, LLC		
	Firm/Company	-
2 Palmer Drive, Suite 3	3	
	Address	-
Londonderry, NH 03053	· ·	_
	City/State and Zip Code	S A
rich@spyglasscorp.c		AUC 2 AUC ECRETA
E-mail address:	(to be used for future annual report notification)	FIL APR
For further information concerning this matter, ple	ease call:	
		APPROVED AND FILED ************************************
Richard Parisi	at (603) 552-5152	
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS:	STREET ADDRESS:	•
Division of Corporations	Division of Corporations	
Registration Section	Registration Section	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	Tananassee, FL 32301	
Enclosed is a check for the following amou	unt:	
\$125.00 Filing Fee \$130.00 Filing F Certificate of Sta	ce & \$\int\\$155.00 Filing Fee & \$\int\\$160.00 Filing Fee. Certific	

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:

١.	Spyglass Partners, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
~			
700	SPYGLASS STAFFING SOUTTONS, LLC 'name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the	_ . written	
CO	nsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab	ility	
Co	ompany," "L.L.C," "LLC.")		
2.	NH 3. 61-1488960	_	
	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)		
4	July 13, 2005 _{5.} N/A		
٦.	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	_	
6.	5/17/12		
-	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	_	
	,	SE	i
7.		- SS	;
	2 Palmer Drive, Suite 3 Londonderry, NH 03053	RETAI AHAŞ	•
	(Street Address of Principal Office)	XXX	•
8.	If limited liability company is a manager-managed company, check here 🗸	OF SI	
9.	The name and usual business addresses of the managing members or managers are as follows:	2018C	1
	Richard Parisi - 2 Palmer Drive, Suite 3 Londonderry, NH 03053		
	Michael Parisi - 2 Palmer Drive, Suite 3 Londonderry, NH 03053	_	
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of repurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under eath of the translator must be submitted.)	cords in	
11	. Nature of business or purposes to be conducted or promoted in Florida:		
	Temporary Labor - Staffing	_•	
	Billew Rive		
	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. I am aware that any 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.)		

Typed or printed name of signee

Richard Parisi

ARFIKOVE FILED

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:		
SPYGLASS PARTNERS, LLC	_	
If unavailable, the alternate to be used in the state of Florida is:		
SPYGLASS STAFFING SOLUTIONS, LLC		· ·
2. The name and the Florida street address of the registered agent and office are:		
KYLE NOTTER (Name)	SE SE	
(Name)	AUG CRET	3
425 AMICK WAY	AUG -3 I CRETARY	PAR
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
CASSELBERRY FL 32707 City/State/Zip	F STATE FLORID	* •
	.•-	
Having been named as registered agent and to accept service of process for the above stated limited	1	

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 agentess provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

•			
We, the undersigned, do hereby certify that we are the Managers and/or Managing			
Members of SPYSLASS PARTNERS, LLC (Name of Limited Liability Company)	ı		
(Name of Limited Liability Company)			
a limited liability company duly organized and existing under the laws of			
NEW HAMPSHIRE (State or Country of Organization)			
(State or Country of Organization)			
Because the name of this foreign limited liability company does not satisfy the			
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the			
following name to transact business in the state of Florida:			
SPYGLASS STAFFING SOLUTIONS, LLC (Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)			
Date: 6/8/12			
Signature(s) of Manager(s) and/or Managing Member(s):			
Biller Shine			
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	STAT	0 <u> </u>	participal Co. In
	12 Tr	t -	

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Spyglass Partners LLC is a New Hampshire limited liability company formed on July 5, 2005. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 22nd day of May, A.D. 2012

William M. Gardner Secretary of State