Florida Department of State

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Foreign Limited Liability Company SPIRIT MASTER FUNDING VI, LLC

Certificate of Status	0
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Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

Help

CR28027 (9/10) **COVER LETTER** TO: Registration Section Division of Corporations Spirit Master Funding VI, LLC Name of Limited Liability Company The enclosed "Application by Foreign Limited Liabllity Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code CTARTeam@wkglobal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations MAILING ADDRESS: Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: □ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

Certificate of Status

Certified Copy

of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION CRESCS, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH	E STATE OF FLORIDA:	,
Spirit Master Funding VI, LLC		
(Name of Foreign Limited Liability Company; must inclu	de "Limited Elability Company," "L.L.C." or "I	Le. 7 ·· - · ·
	i i	
name unavailable, enter alternate name adopted for the purpointent of the managers or managing members adopting the alter	so of transacting business in Florids and ottach a rusto asmo. The alternate name must include "Li	copy of the writte mited Liability.
ompany," "L.L.C," "LLC.")		29
Delaware	9	
(Jurisdiction under the law of which foreign limited liability company is organized)	(PHI number, if applicable)	
08/16/2013	perpetual	25 N
(Date of Organization)	(Duration: Year limited liability company we exist or "perpetual")	
. t s	· exertor herbeings.)	
(Date first transpoted business in Pic		P****
(See sections 608.50) & 608.502 P.S.	to determine penalty liability)	95
16767 North Perimeter Drive, Suite 210		
Samuel Az araça		
Scottsdale, AZ 85260	of Principal Office)	- , - , - , - , - , - , - , - , - , - ,
,		
The name and usual business addresses of the man Spirit SPE Manager, LLC	aging members or managers are as follo	ws:
16767 North Perimeter Drive, Suits 210		
Scottedale, AZ 85260		·
O. Attached is an original certificate of existence, no more than 90 to jurisdiction under the law of which it is organized. (A photocognistation of the certificate under cath of the translator must be subt. Nature of business or purposes to be conducted or buy, sell and lease real property.	py is not acceptable. If the certificate is in a fineignalized.)	y custody of records n language, a
	lo. MMM	
	thorized representative of a member.	
(in accordance with section 608.408(3), I & the exec		
penalties of perjury that the facts stated herein are trued of State constitutes		
	a third degree felony as provided for in s.817.1:	
Johi G. T	a third degree felony as provided for in s.817.1:	

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 Spirit Master Pu	of the Limited Liability Companding VI, LLC	any is:	
If unavailable,	the alternate to be used in the	state of Florida is:	
2. The name a	and the Florida street address of	of the registered agent and office are:	7810 ASS
	CT Corporation System		
	(Name)		27 M
	1200 :	South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	FL 33324	
		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.

Ву:	CT Corporation System		Connie Bryan	
		ature)	Assistant Seastary	
	\$ 100.00 Filing Fee for Application			
	\$ 25.00 \$ 30.00		tion of Registered Agent I Copy (optional)	
	\$ 5.00		ate of Status (optional)	

(5/5)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPIRIT MASTER FUNDING VI, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5384929 8300

DATE: 08-26-13