Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

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Foreign Limited Liability Company SP Franchising LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

20 2015

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COVER LETTER

	istration Section				
	SP Franchising LLC				
SUBJECT:	Name of Limited Liability Company				
	i "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ad 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:				
	Melissa Gubier				
	Name of Person				
	InCorp Services, Inc.				
Firm/Company					
2360 Corporate Circle, Suite 400					
	Address				
	Henderson, NV 89074				
	City/State and Zip Code				
	managedreports@incorp.com				
	E-mail address: (to be used for future annual report notification)				
For further in	nformation concerning this matter, please call:				
	Melissa Gubler 702 866-2500				
	Name of Contact Person Area Code Daytime Telephone Number				
Div Reg P.O	LILING ADDRESS: ision of Corporations Division of Corporations pistration Section Box 6327 Clifton Building phassee, FL 32314 Chassee, FL 32301 STREET ADDRESS: Corporations Corporations Registration Section Clifton Building Clifton Building Corporations Corporations Clifton Building Corporations Corporations Clifton Building Corporations Corporations Corporations Corporations Corporations Clifton Building Corporations Corporations Corporations Corporations Corporations Corporations Clifton Building Corporations Corporati				
	s a check for the following amount: 125.00 Filing Fee \$\Pi\$ \$\Pi				



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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SP Franchising LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of	r"LLC.")	_
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate na Liability Company," "L.L.C," or "LLC.")	ame must include "Lir	nited
2. Delaware 3.		
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applications are applied to the law of which foreign limited liability company is organized)	ible)	-
4. Upon Registration	1100-04	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		ਹੀ ਨ
7000 S. Yosemite St., Suite 100	<u> </u>	<u> </u>
Centennial, CO 80112	(A)	. 17
(Street Address of Principal Office)	<u> </u>	
6. 7000 S. Yosemite St., Suite 100	– – – – – – – – – – – – – – – – – – –	-
Centennial, CO 80112	ATS ATS	ဘြင့်
(Malling Address)		•
7. The name, title or capacity and address of the person(s) who has/have authority to ma	anage is/are:	
Borls Katsnelson, Managing Member 10124 Knoll Circle, Highlands Ranch, CO 80130	_	
		-
		-
8. Attached is an original certificate of existence, no more than 90 days old, duly authors having custody of records in the jurisdiggion under the law of which it is organized. (A plant of the plant		icial
acceptable. If the certificate is in a fafeten language, a translation of the certificate under		slator
must be submitted)		
• /////		
1/////	<u> </u>	
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penaltics of perjury on aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provide	that the facts stated here	in are true. I
Boris Katsnelson	a con estadas estebula integ	
Typed or printed name of signee	-	

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is: SP Franchising LLC				
If unavailable	e, the alternate to be used in	the state of Florida is:		
2. The name	and the Florida street address	ss of the registered agent and office are:	15 APR	
	InCorp Services, Inc.			
		(Name)		
	17888 67th Court North		C P Property	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		: 58 IABE ORIDA	
	Loxahatchee	33470 FL		
		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 605, Florida Statutes.

Melissa Gubler on behalf of InCorp Services, inc.

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

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SP FRANCHISING 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 SEVENTEENTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SP

FRANCHISING LLC" WAS FORMED ON THE EIGHTH DAY OF APRIL, A.D.

2014.

t

5513562 8300

150524375

You may varify this certificate online at corp.delaware.gov/authver.shtml

AUTHENTICATION: 2299405

DATE: 04-17-15

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