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flafalce@anthonyandpartners.com

Foreign Limited Liability Company SPIN 1, LLC

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

SPIN I, LLC				
(Name of Fore	eign Limited Liability Company) m	ist include "Limited Lial	bility Company," "L.L.C.," or "LU	C:")
f name unavailable; enter a	lternate name adopted for the purpor	se of transacting busines	s in Florids. The alternate name or	ust include "Limited
ability Company," "L.L.C,"	or "LLC.")	,	, , , , , , , , , , , , , , , , , , ,	
Delaware		3. Applied for		
company is organized)	of which foreign limited liability		(FEI number, if applicable)	
N/A.	(Date first transported busin	ess in Florida if print to	vacrietestian.)	
	(Date first transacted busin (See sections 605,0904 & 605	0905, F.S. to determine	penalty liability)	. ~2
5009 N. Central Avenu	ue, Tampa, FL 33603			
	(Sircet Address of	Principal Office)		سو په دو که در
5009 N. Central Avenu	* * * * * * * * * * * * * * * * * * * *			
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	Mailing	Address)		
Name and street address	s of Florida registered agent: (P	O. Box. NOT accept	able}	79,57
Name:	Frank A. Lafalce, Esquire			
(ASITIC:		ono:	-	
Office Address:	201 N. Franklin Street, Suite 2	800	_	
	Tampa		, Plorida FL 33602 (Zip code)	
	(City)		(Zip code)	
egistered agont's accep-			و منظم المراجع	مادينالين سياله والرياسيين
aving ocen namea as rej signated in this applica	gistered agent and to accept ser tion, I hereby accept the appoin	vice oj process jor un iment as registered a:	e apove stated invased nations: gent and agree to act in this ca	pacity. I further agre
complywith the provision	ons of all statutes relative to the	proper and complete	performance of my duties, an	d I am familiar with a
cept the obligations of t	ny position as registered agent.			
	40h	11-6-		
	(Regis	tered ageni's signature)		
The name, title or caos	city and address of the person(s)) who has/have author	ity to manage is/are:	
, -	ng Member, 5009 N. Central Ave	,	• •	
244 11411111111111111111111111111111111				<u> </u>
				
	of existence, no more than 90 da			
	of which it is organized. (If the c	ertificate is in a foreig	n language, a translation of the	certificate under oath
the translator must be su	ibmitted)	11 1	•	
	es. /) /-	2015- 6		
	Signature	of an authorized person	1	
is document is executed	In accordance with section 605, the Department of State constitu	0203 (1) (b), Florida S	statutes. I am aware that any fals	e information . F.S.
respondence of the contraction of the	Front A. Lofoloi, Fonting - Day	_	· ·	, च ÷ ∰*

Typed or printed name of signee

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SPIN 1, 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 FIFTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPIN 1, LLC" WAS FORMED ON THE SECOND DAY OF OCTOBER, A.D. 2015.

5840249 8300
SR# 20150378304
You may verify this certificate online at corp.delaware.gov/authver.shtml

MSIC.

Authentication: 10179370

Date: 10-05-15