# 11/500000859/

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT 59606						
(Business Entity Name)						
(Document Number)						
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## **COVER LETTER**

ŢΟ:		ation Section ' of Corporation	, S			,					
SUBJE	Bed	lder Spreaders, L	LC								
Name of Limited Liability Company											
			eign Limited Liability Compa I to register the above referen								
Please re	eturn all o	correspondence co	oncerning this matter to the f	ollowing:							
		Rory Lamberton	1								
Name of Person											
Bedder Spreaders LLC											
Firm/Company 1685 S Colorado Blvd 305											
Denver Co 80222											
City/State and Zip Code  accomplexes to islands and Zip Code  The berton @ bedderspreaders, Con											
	-		E-mail address: (to be used	for future annual	report noti	fication)					
For furth	ner inforn	nation concerning	this matter, please call:								
Nancy So		Schult		رو <b>ر الله</b> عدر (الله)	696-501	2 335-58-	75				
		Name of	f Contact Person	Area Code	Dayt	ime Telephone Number					
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301								
Enclosed		ck for the following									
	<b>□ \$125</b> .	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy					



### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2015

RORY LAMBERTON BEDDER SPREADERS LLC 1685 S. COLORADO BLVD. 305 DENVER, CO 80222

SUBJECT: BEDDER SPREADERS, LLC

Ref. Number: W15000059606

We have received your document for BEDDER SPREADERS, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Letter Number: 315A00019042

Nanette Causseaux Regulatory Specialist II Supervisor

## 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:

COMPANY TO TRANSACT BU	USINESS IN THE STATE OF FLORID	A:			
1. Bedder Spreaders LLC					
(Name of Fore	eign Limited Liability Company; m	ust inclu	de "Limited Lial	bility Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpo	se of tra	nsacting busines	s in Florida. The alternate nam	ne must include "Limited
2. Colorado	, or LLC. )		47-3485180		
2. (Jurisdiction under the law	of which foreign limited liability	3.	47-3485180	(FEI number, if applicable)	<u> </u>
company is organized)	,			, , , , ,	
4	(Date first transacted busin	ace in E	orido iforios to	registration \	_
	(See sections 605.0904 & 603	5.090 <b>5</b> , 1	F.S. to determine	penalty liability)	
5. 1685 S Colorado Blvd	1 #305				_
—Denver Co 80222:					-
	(Street Address of	Princip	al Office)		-
6					
					- 5 5
	(Mailing	Addres	s)		一起名
7 Name and street address	ss of Florida registered agent: (F	) O Bo	v NOT necest	ahla)	2 7
	Rory Lamberton	.О. Бо	x <u>NOT</u> accept	abie)	SSS
Name:	Kory Lamberton		· · · ·	<del>-</del>	TO P
Office Address:	3131 NE 188th St 2808			_	PM 12: 06 SEE. FLORIE
	Aventura			, Florida 33180	PARE OF
	(City)		****	(Zip code)	- P
Registered agent's accep	stance: egistered agent and to accept ser	rvice of	neacess for the	a ahaya statad carnoration	at the place designated in
this application, I hereby	accept the appointment as regis	stered a	gent and agree	e to act in this capacity. I j	further agree to comply
with the provisions of all s the obligations of my posi	statutes relative to the proper as	nd com	plete performa	nce of my duties, and I an	ı familiar with and accept
me obligations of my posi	mon us registered again.				
	(Regis	stered ag	ent's signature)		<del>-</del>
		-			
0	acity and address of the person(s	) who h		ł .	
Kory La	con Derton	<del></del> -	+1	esident	<u> </u>
1485 5	. Coloredo Bl	xd	#305		, , , , , , , , , , , , , , , , , , ,
Denye	r (° 202	>2			
9. Attached is a certificate jurisdiction under the law of the translator must be so	04	certifica	duly authentic te is in a foreig	n language, a translation o	custody of records in the f the certificate under oath
	in accordance with section 605, the Department of State constit				

Typed or printed name of signee

Rory Lamberton

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

#### **Bedder Spreaders, LLC**

is a **Limited Liability Company** formed or registered on 03/21/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151191354.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/18/2015 that have been posted, and by documents delivered to this office electronically through 08/19/2015 @ 11:00:02.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 08/19/2015 @ 11:00:02 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9281160.



15 OCT 26 PM 12: 06

Secretary of State of the State of Colorado

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\*\*\*\*End of Certificate\*\*\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site. <a href="http://www.sos.state.co.us/biz/CertificateSearchCriteria.do">http://www.sos.state.co.us/biz/CertificateSearchCriteria.do</a> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. <a href="https://www.sos.state.co.us/click Business">Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate.</a> For more information, visit our Web site, <a href="http://www.sos.state.co.us/click Business">http://www.sos.state.co.us/click Business</a> Center and select "Frequently Asked Questions."