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PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nam	e)
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Certified Copies	Certificates	of Status
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Spyglass - Fort, I	LLC	
		
	·	Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
	,	L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
•		Dissolution / Withdrawal
•		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
·		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Dequasted by	•	UCC 1 or 3 File
Requested by:		UCC 11 Search
Name	Date Time	UCC 1! Retrieval
Walk-In	Will Pick Up	Courier
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COVER LETTER

Divi	ision of Corporatio	ns				
UBJECT:	Spyglass - Fort, LL	С				
	Name of Limited Liability Company					
ne enclosed kistence, an	"Application by Fo d check are submitte	reign Limited Liability Comed to register the above refer	pany for Authorizz enced foreign limi	tion to Tr ted liabilit	ansact Business in Florida," y company to transact busine	Certificate ess in Flori
ease return	all correspondence	concerning this matter to the	following:			
	D. Randall Bri	ley, Esq.				
		N	ame of Person			
	Briley & Deal,	LLC ,				
		H.	irm/Company			
	2215 South Th	ird Street, Ste. 101				
			Address			
	Jacksonville B	each, FL 32250				
		City/S	tate and Zip Code			
	cmenor@perime	ter-realty.com				
		E-mail address: (to be use	d for future annual	report no	tification)	
r further in	formation concernin	g this matter, please call:				
D. F	Randall Briley		904 at (285-52	99	
	Name o	of Contact Person	Area Code		vtime Telephone Number	
Divi Regi P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount: \$\Boxed{\subseteq} \$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filir Certified Copy		☐ \$160.00 Filing Fee, Ce of Status & Certified Cop.	

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

Spyglass - Fort, 1.1.C				
(Name of Fore	rign I imited Liability Company, mi	ust include "Limited Li	ability Company," "L.L.C.," or "LI	.C.")
(if name unavailable, enter al	Iternate name adopted for the purpo	se of transacting busing	ess in Florida The alternate name m	ust include "Limited
Liability Company," "L.I. C.	" or "U.C.")	•		
2. Delaware	of which foreign limited liability	3. 46-2281415	(IT:Unumber, if applicable)	
company is organized)	of which foreign limited liability		(FEI number, if applicable)	
4.	(Date tirst transacted busin	ness in Florida, d'orint	in registration)	
0711 117	(See sections 605-0904 & 60)	5 (1905; F.S. to determ)	ne penalty liability)	
5. 8711 - 11 Perimeter Pa	ark Boulevard			, supplemental of the control of the
Jacksonville, FL 3221				S7 (5)
	(Street Address of	Principal Office)		13 (v) 1774
6. 8711 - 11 Perimeter Pa	rk Boulevard			
Jacksonville, FL 3221				
	tMailing	(Address)		
7. Name and street address	ss of Florida registered agent: (I	P.O. Box NOT neces	ptable)	
Name:	Donald C.Fort			इस ह
Office Address:	8711 - 11 Perimeter Park Bou	levard		
	Jacksonville		Florida 32216 (Zip code)	
	(City)		(Zip code)	
designated in this applicate to complywith the provisi	egistered agent and to occept se- ution. I hereby uccept the appoir ions of all statutes relative to the my position as registered agent.	ntment as registered e proper and comple	the above stated limited liability agent and agree to act in this c the performance of my duties, at	apacity. I further agree
	(Regi	stered agent's signature	e) ,	
8. The name, title or cap	acity and address of the person(s) who has/have auth	ority to manage is/are:	
Spyglass - Fort Partners,	LLC, by Donald C. Fort, its man	nager		
				
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. (If the submitted)	certificate is in a for	ticated by the official having cu eign language, a translation of th	stody of records in the ne certificate under oath
	Signatu	JOCT .		
	/ Signatu	ire of an authorized per	SOF	
This document is execute submitted in a document t	to the Department of State consti	5.0203 (1) (b), Florid itutes a third degree (la Statutes. I am aware that any fi elony as provided for in s.817.15	alse information 55, F.S.
	Donald C. Fort			

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPYGLASS-FORT, 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 THIRTY-FIRST DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPYGLASS-FORT, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2015.

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

5920815 8300 SR# 20151600102



Authentication: 10710699

Date: 12-31-15