(Re	equestor's Name)	
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## **COVER LETTER**

TO:

**Registration Section** 

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Điv	ision of Corporation	IS				
SUBJECT:	Spirit Promotions,	LLC				
502,5201			Limited Liability Co	mpany	<del></del>	
		eign Limited Liability Comp d to register the above refere				
Please return	all correspondence c	oncerning this matter to the	following:			
	Terri Graham					
		Ni	ame of Person	·		
	Spirit Promotic	ons				
		Fi	rm/Company			
	1325 Glengar	y Ct.				
			Address			
	Wheeling, IL	60090				
		City/S	tate and Zip Code			
	terri@usopenpi	ckleballchampionship.com				
		E-mail address: (to be used	for future annual re	eport noti	fication)	
For further in	nformation concerning	g this matter, please call:				
Те	rri Graham		773 at ( )	383-94	63	
	Name o	f Contact Person	Area Code	Dayı	time Telephone Number	
Div Reg P.C	rision of Corporations gistration Section D. Box 6327 lahassee, FL 32314		Ē F C 2	Division o Registratio Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount:  \$\Bigsiz\$ \$\\$130.00\$ Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	Fee &	■ \$160.00 Filing Fee, Cer of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Iternate name adopted for the purpos	se of tra	nsacting business	in Florida	. The alter	nate na	me mus	st include "l	 _imited
.iability Company," "L.L.C,	, or LLC. )		47-3135368						
	of which foreign limited liability	3.	47 0100000	(FEI nur	nber, if ap	plicable	2)		<del></del>
company is organized)									
April 26, 2016	(Date first transacted busin	es in F	lorida if prior to i	registration					
	(See sections 605,0904 & 605	.0905,	F.S. to determine	penalty lia	bility)				
East Naples Commi	unity Park								
3500 Thomasson Dr	rive Naples, FL 34112								
	(Street Address of	Princip	al Office)				_		
·									
						*** I.	20		
-	(Mailing	Addres	<u>s)</u>			<u> </u>			
N	_			1.1.3	4				
. Name and street addres	ss of Florida registered agent: (P	.O. Bo	ix <u>NOT</u> accepta	ibie)	Į.			112**(\$\pi 2)\d\pi  -  -	
Name:	Jim Ludwig		<del></del>	•	;	70	<del></del>	m	
	8187 Sanctuary Dr. Unit 2				-		$\nabla$		
Office Address:	O TO TOURISHED THE COME E				t t	(\sigma_			
Office Address:				Tlorida	34104	STAT	ىب <u></u>	U	
tegistered agent's accep	Naples (City)				34104 E	ORIDA Me)	–Ē		والمراجعة المراجعة
Registered agent's acception to the less of the less o	Naples  (City)  otance: egistered agent and to accept serution, I hereby accept the appointions of all statutes relative to the my position as registered agent.	tment prope (2) tered a	f process for the as registered ag r and complete pent's signature)	above storent and a	(Zip e ated limit agree to a ance of m	RECEIVED TO SERVICE STATE OF THE SERVICE STATE OF T	bility co	ompany at acity. I fu	rther a
Registered agent's acception of the complywith the provision of the complywith the complywith the complywith the complywith the complywith the complywith the complex three co	Naples  (City)  otance: egistered agent and to accept serution, I hereby accept the appointions of all statutes relative to the my position as registered agent.  (Registant and address of the personts)	tment prope tend at who l	f process for the as registered ag r and complete gent's signature) nas/have authoric 60090	above storent and a	(Zip e ated limit agree to a ance of m	RECEIVED TO SERVICE STATE OF THE SERVICE STATE OF T	bility co	ompany at acity. I fu	rther a
Registered agent's acception of the complywith the provision of the complywith the complywith the complywith the complywith the complywith the complywith the complex three co	Naples  (City)  otance: egistered agent and to accept ser ution, I hereby accept the appoint ions of all statutes relative to the my position as registered agent.  (Regis active and address of the person of the person of the the person	tment prope tend at who l	f process for the as registered ag r and complete gent's signature) nas/have authoric 60090	above storent and a	(Zip e ated limit agree to a ance of m	RECEIVED TO SERVICE STATE OF THE SERVICE STATE OF T	bility co	ompany at acity. I fu	rther a

Typed or printed name of signee



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SPIRIT PROMOTIONS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 27, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of JANUARY A.D. 2016 .

Authentication #: 1600401938 verifiable until 01/04/2017

Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE