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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor		s				
SUBJEC		sulting S	ervices, LLC				
SUBJEC	<u></u>		Name o	f Limited Liability (Company		
						nsact Business in Florida," Cert company to transact business i	
Please re	eturn all correspo	ndence co	oncerning this matter to th	e following:			
	Jody L	. Sandwis	sch				
	<u></u>	· · · · · · · · · · · · · · · · · · ·]	Name of Person			
	Spades	s Consulti	ng Services, LLC				
]	Firm/Company			
				Address			
	5605 C	College R	oad, B302, Key West, FL	33040			
			City/	State and Zip Code		 	
	jlsandwi	isch@spa	desconsultingservices.con				
			E-mail address: (to be us	ed for future annual	report not	ification)	
For furth	ner information co	oncerning	this matter, please call:				
	Jody L. Sandwi	sch		301 at (343-66	68	
		Name of	Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADI Division of Corp Registration Sec P.O. Box 6327 Tallahassee, FL	porations tion			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
Enclosed	d is a check for th		ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin	ng Fee &	■ \$160.00 Filing Fee, Certific of Status & Certified Copy	cate

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:

	vices, LLC eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.,"	or "LLC.")	
If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose of trans	acting business in Florida. The alternate	name must	include	"Limited
- A 10	,	47-2395555			
(Jurisdiction under the law	of which foreign limited liability	(FEI number, if applical	ble)		
company is organized) N/A					
ł. <u>N/A</u>	(Date first transacted business in Flor	rida, if prior to registration.)			
6605 CL. II	(See sections 605.0904 & 605.0905, F.S	S. to determine penalty liability)			
. 3603 College Road, B.	302, Key West, FL 33040				
5/05 Q II D I D	(Street Address of Principal	Office)			
5. 5605 College Road, B3	02, Key West, FL 33040				
	(Mailing Address)		35		
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	-	on A	
Name:	Jody L. Sandwisch	·	25-	AUG	
	5605 College Road, B302		SSA	\$	* 16 e as *u 2,41 pr
Office Address:			<u>ٿ</u> رياد	P	en e
	Key West	, Florida		ιÿ	No other second
Registered agent's accep	(City)	(Zip code)	2007 E-1	t -	
	gistered agent and to accept service of pation, I hereby accept the appointment as ons of all statutes relative to the proper a	registered agent and agree to act in	this capa	city. I j	further ag
o complywith the provision complywith the provision of the obligations of the control of the con	(Registered agenta) (Registered agenta)	-	_		
o complywith the provision of incept the obligations of incept the obligations of incept the name, title or capa	(Registered agen	-			
to complywith the provision complywith the provision of the obligations of the complete of the	(Registered agen acity and address of the person(s) who has	-		_	
to complywith the provision complywith the provision of the obligations of the complete of the	(Registered agen acity and address of the person(s) who has	-		_	
8. The name, title or capa Jody L. Sandwisch, Mana 5605 College Road, B302	(Registered agendacity and address of the person(s) who has being Member 2, Key West, FL 33040 of existence, no more than 90 days old, do of which it is organized. (If the certificate	s/have authority to manage is/are:			

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jody L. Sandwisch

STATE OF MARYLAND Department of Assessments and Taxation

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHT'S OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SHOREIT SOLUTIONS, LLC, REGISTERED DECEMBER 17, 2001, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 01, 2016.

Heidi Dudderar

lede

Associate Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice