(Re	questor's Name)				
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J. HARRIS

COVER LETTER

TO;		ation Section = : n of Corporation					
SUBJI		ARK I/T Services	s, LLC.				
SODSE			Name of	Limited Liability (Company		
						ansact Business in Florida," Ce y company to transact business	
Please	return all	correspondence c	concerning this matter to the	following:			
		Robert E. Allen	Jr.				
			N	ame of Person			
		SPARK I/T Ser	vices, LLC				
			F	irm/Company			
		821 N. York St	reet Suite E				
				Address			
		Muskogee, OK	74403				
			City/S	tate and Zip Code			
		robert@sparkserv	vices.net				
			E-mail address: (to be use	d for future annual	report not	ification)	
For fur	ther infor	mation concernin	g this matter, please call:				
	Robert	E. Allen Jr.		501 at (538-92	75	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Divisio Registra P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrate Clifton B 2661 Exc	of Corporations ion Section auilding ceutive Center Circle see, FL 32301	
Enclose		eck for the follow i.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certified Status & Certified Copy	ficate



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 19, 2017

ROBERT E ALLEN JR 821 N YORK STREET SUITE E MUSKOGEE, OK 74403

SUBJECT: SPARK I/T SERVICES LLC

Ref. Number: W17000004452

We have received your document for SPARK I/T SERVICES LLC and your check(s) totaling \$125.00. 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).

Peron in charge of owner is not an acceptable title.,

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 517A00001175

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:

1. SPARK I/T Services, L				
(Name of Fore	eign Limited Liability Company; must include "Li	imited Liability Company," "L.L.C.," or "LI	.C.")	
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose of transacti " or "LLC.")	ng business in Florida. The alternate name n	nust include "L	 imited
2. Muskogee, Oklahoma	3. 47-1	257187		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		
4. No business conducted	yet until we get paperwork approval			
	(Date first transacted business in Florida, (Sec sections 605.0904 & 605.0905, F.S. to	•		
5				
107 Elm Street Rockled				
	(Street Address of Principal Offi	·	7 J	: 4
6			JAN 30 PM	수띥 으면 ~
821 N. York Street Sui	te E, Muskogee, OK 74403		30	
	(Mailing Address)		7	돌오 <mark>면</mark>
7. Name and street addres	s of Florida registered agent: (P.O. Box NC	OT acceptable)	 	⊕s Ş⊊
Name:	Eric Conklin		26	
Office Address:	1707 Elm Street			
	Rockledge	, Florida <u>32955</u>		
	(City)	(Zip code)		
designated in this applica to complywith the provisi	gistered agent and to accept service of procition, I hereby accept the appointment as regons of all statutes relative to the proper and my position as registered agent. (Registered agent's	gistered agent and agree to act in this c complete performance of my duties, an	apacity. I fui	ther agree
	acity and address of the person(s) who has/ha	- · · · · · · · · · · · · · · · · · · ·		
Eric Conklin - 1707 Elm S	Street Rockledge, FL 32955 Title - Operation	ns Manager Southeast Division		
Robert Allen - 821 N. You	k Street Suite E Muskogee, OK 74403 Title	- Owner		
Kristen Allen - 821 N. Yo	rk Street Suite E Muskogee, OK 74403 Title	- Authorized Person		
	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is abmitted) When the state of an authority of an authority of the state of an authority of the state of the	in a foreign language, a translation of the		

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.

Robert E. Allen, Jr.

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>SPARK I/T SERVICES LLC</u> whose registered agent is <u>KRISTEN BLAIR ALLEN</u>, with its registered office at <u>818 N DAVID LN MUSKOGEE 74403 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>9th</u>, day of <u>January</u>, <u>2017</u>.

Secretary Of State