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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SPERR PROPERTIES, LLC	_
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."	
Please return all correspondence concerning this matter to the following:	
STEPHEN SPERR	
Name of Person	-
SPERR PROPERTIES, LLC	
Firm/Company	-
1920 SW 31ST AVE APT 9	
Address	-
OCALA FL 34474	- <b>3</b> F8
City/State and Zip Code	至至
stephensperr@gmail.com	LAHASSI
E-mail address: (to be used for future annual report notification)	E E
For further information concerning this matter, please call:	-
7	LORIE LORIE LORIE
STEPHEN SPERR at ( 352 ) 598-9438	- F
Name of Contact Person Area Code Daytime Telephone Number	-
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclosed is a check for the following amount:  [2] \$125.00 Filing Fee	

## 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:

Liability Company," "L.L.C, 2. Nevada	3	(FEI number, if applicable)	ist include Emi	neu
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		
4	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)		
5. 1920 SW 31ST AVE # 9	OCALA FL 34474			
	(Street Address of Principal Offic	rel		
6	(Sireet Address of 1 Interpar Office		_	<del></del> -
			4	ALL
	(Mailing Address)		MAY 24	25
7. Name and street address	ss of Florida registered agent: (P.O. Box NO	<u>T</u> acceptable)	24	SSE SSE
Name:	Registered Agents Inc.		_O	- Tale
Office Address:	3030 N. Rocky Point Dr. STE 150A		F.	- Sept.
	Tampa	, Florida <u>33607</u>	21	
	(City)	(Zip code)		
designated in this applica to complywith the provisi	otance: egistered agent and to accept service of proce etion, I hereby accept the appointment as reg- ions of all statutes relative to the proper and of my position as registered agent.  (Registered agent's s	istered agent and agree to act in this ca complete performance of my duties, and	pacity. I furth	er agre
Having been named as red designated in this applica to complywith the provisi accept the obligations of	egistered agent and to accept service of proce tion, I hereby accept the appointment as regions of all statutes relative to the proper and only my position as registered agent.	istered agent and agree to act in this ca complete performance of my duties, and ignature)	pacity. I furth	er agre
Having been named as redesignated in this applicate to complywith the provisi accept the obligations of  8. The name, title or cap.	egistered agent and to accept service of procestion, I hereby accept the appointment as regions of all statutes relative to the proper and omy position as registered agent.  (Registered agent's s	istered agent and agree to act in this cal complete performance of my duties, and ignature) we authority to manage is/are:	pacity. I furth	er agre
Having been named as redesignated in this applicate to complywith the provision accept the obligations of  8. The name, title or captions STEPHEN SPERR M	egistered agent and to accept service of procestion, I hereby accept the appointment as regions of all statutes relative to the proper and only position as registered agent.  (Registered agent's sacity and address of the person(s) who has/haveler 1920 SW 31ST AVE # 9 OCALA Flore of existence, no more than 90 days old, duly	istered agent and agree to act in this cap complete performance of my duties, and ignature) we authority to manage is/are:  L 34474  authenticated by the official having custo	pacity. I furth d I am familia.	er agreer with a
Having been named as redesignated in this applicate to complywith the provision accept the obligations of  8. The name, title or captions STEPHEN SPERR M	egistered agent and to accept service of procestion, I hereby accept the appointment as regions of all statutes relative to the proper and amy position as registered agent.  (Registered agent's sacity and address of the person(s) who has/having 1920 SW 31ST AVE # 9 OCALA Flore of existence, no more than 90 days old, duly of which it is organized. (If the certificate is in	istered agent and agree to act in this cap complete performance of my duties, and ignature) we authority to manage is/are:  L 34474  authenticated by the official having custo	pacity. I furth d I am familia.	er agreer with a

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.

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SPERR PROPERTIES, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 1, 2017, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 18, 2017.

Bollow K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170518-1893
You may verify this electronic certificate
online at http://www.nvsos.gov/