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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJ	SpyDate LLC	:		
oon,		Name o	f Limited Liability (Company
				tion to Transact Business in Florida," Certificate o ed liability company to transact business in Florida
Please	return all correspond	dence concerning this matter to th	e following:	
	David Ly	on		
		1	Name of Person	
	SpyDate	LLC		
		1	Firm/Company	
	850 Nano	dina Dr.		
			Address	
	Weston,	FL 33327		
		City/	State and Zip Code	
	spydatelle	@gmail.com		
		E-mail address: (to be us	ed for future annual	report notification)
For fu	rther information con	cerning this matter, please call:		
	David Lyon		203 at (200-9725
	1	Name of Contact Person	Area Code	Daytime Telephone Number
	MAILING ADDI Division of Corpo Registration Section P.O. Box 6327 Tallahassee, FL 32	rations on		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclos	sed is a check for the \$125.00 Filing	_	☐ \$155.00 Filir Certified Copy	ng Fee & ■ \$160.00 Filing Fee, Certificate 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:

	LYON ARC		and the standard with the standard
Liability Company, "L.L.C,		ose of transacting business in Florida. The alternate name	must include Limited
2. Delaware		3. 81-2229240 (EIN)	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
	19 2017		
4.	(Date first transacted bus	iness in Florida, if prior to registration.) 05.0905, F.S. to determine penalty liability)	
5. 850 Nandina Dr.	(000 0001015 0051070 120	, , , , , , , , , , , , , , , , , , , ,	
Weston, FL 33327			
	(Street Address of	of Principal Office)	
6. 850 Nandina Dr.			17 SE 141
Weston, FL 33327			AUG CRETA
	(Mailin	ng Address)	ASS
7. Name and street address	ss of Florida registered agent:	(P.O. Box NOT acceptable)	
	David Lyon		~~ ' ~ ~ ~
Name:			W 3 OC STATE CORIDA
Office Address:	850 Nandina Dr.		00 A
	Weston	, Florida <u>33327</u>	
	(City)	(Zip code)	
Registered agent's accep			
Having been named as redesignated in this applicate to complywith the provisi	egistered agent and to accept s ation, I hereby accept the appo ions of all statutes relative to the my position as registered agen	119/30	capacity. I further agree
Having been named as redesignated in this applicate to complywith the provisi	egistered agent and to accept s ation, I hereby accept the appo ions of all statutes relative to the my position as registered agen	intment as registered agent and agree to act in this he proper and complete performance of my duties,	capacity. I further agree
Having been named as redesignated in this applicate to complywith the provisi accept the obligations of	egistered agent and to accept s stion, I hereby accept the appo ions of all statutes relative to the my position as registered agen	intment as registered agent and agree to act in this the proper and complete performance of my duties, at.	capacity. I further agree
Having been named as redesignated in this applicate to complywith the provisi accept the obligations of	egistered agent and to accept s stion, I hereby accept the appo ions of all statutes relative to the my position as registered agen	cintment as registered agent and agree to act in this the proper and complete performance of my duties, at. Listered agent's signature)	capacity. I further agree
Having been named as re designated in this applicate to comply with the provision accept the obligations of 8. The name, title or cap	egistered agent and to accept s stion, I hereby accept the appo ions of all statutes relative to the my position as registered agen	cintment as registered agent and agree to act in this the proper and complete performance of my duties, at. Listered agent's signature)	capacity. I further agree
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Having been named as redesignated in this applicate to complywith the provision accept the obligations of 8. The name, title or cap David Lyon, CEO 9. Attached is a certificate	egistered agent and to accept stion, I hereby accept the appoints of all statutes relative to the my position as registered agent (Registered address of the person of which it is organized. (If the	cintment as registered agent and agree to act in this the proper and complete performance of my duties, at. Listered agent's signature)	capacity. I further agree and I am familiar with and
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Having been named as redesignated in this applicate to complywith the provisi accept the obligations of 8. The name, title or cap David Lyon, CEO 9. Attached is a certificate jurisdiction under the law of the translator must be s	egistered agent and to accept stion, I hereby accept the appoint of all statutes relative to the my position as registered agent (Regarding and address of the person of which it is organized. (If the submitted)	days old, duly authenticated by the official having ce certificate is in a foreign language, a translation of	capacity. I further agree and I am familiar with and use and I am familiar with and use a second sec

Typed or printed name of signee

David Lyon



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SPYDATE, 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 TWENTY-SECOND DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPYDATE, LLC"

WAS FORMED ON THE ELEVENTH DAY OF APRIL, A.D. 2016.

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

Authentication: 202931978

Date: 07-22-17

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