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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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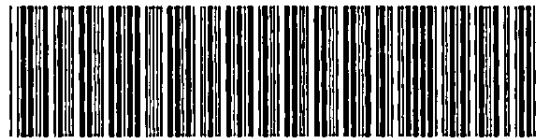
(Business Entity Name)

(Document Number)

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DEPARTMENT OF REVENUE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spark Venture, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Daniel Sparkes

Name of Person

Spark Venture, LLC

Firm/Company

4041 Taggart Cay N., #108

Address

Sarasota, FL 34233

City/State and Zip Code

dan.sparkes@proforma.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Sparkes

865

357-5702

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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 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 Venture, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Spark Venture, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. State of Tennessee 3. 47-4527280
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. none
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4041 Taggart Cay North, #108 6. Same
(Street Address of Principal Office) (Mailing Address)
Sarasota, FL 34233 Same

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Dan Sparkes

Office Address: 4041 Taggart Cay North, #108

Sarasota, Florida 34233
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dan Sparkes
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Managing Member</u>	<u>Dan Sparkes</u> <u>4041 Taggart Cay N., #108</u> <u>Sarasota, FL 34233</u>		

(Use attachments if necessary)

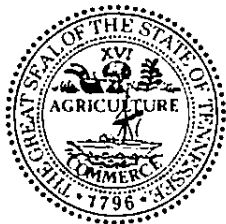
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Dan Sparkes
Signature of an authorized person

Dan Sparkes

Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

SPARK VENTURE, LLC
ATTN: DAN SPARKES, MANAGING MEMBER
APT 108
4041 TAGGART CAY N
SARASOTA, FL 34233-4810

August 4, 2017

Request Type: Certificate of Existence/Authorization
Request #: 0246557

Issuance Date: 08/04/2017
Copies Requested: 1

Document Receipt

Receipt #: 003514496
Filing Fee: \$20.00
Payment-Check/MO - SPARK VENTURE, LLC, KNOXVILLE, TN \$20.00

Regarding: Spark Venture, LLC

Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 06/26/2015
Status: Active
Duration Term: Perpetual
Business County: KNOX COUNTY

Control #: 804932
Date Formed: 06/26/2015
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Spark Venture, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Sheila Keeling

Verification #: 023589631