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(City/State/Zip/Phone #)

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5-23-18

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SPOSEN HOLDINGS OF MONTANA 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:

JEREMY R. SPOSATO

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2311 SANTA BARBARA BLVD, SUITE 111

\_\_\_\_\_  
Address

CAPE CORAL, FL 33991

\_\_\_\_\_  
City/State and Zip Code

accounting@sposenholdings.com

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

For further information concerning this matter, please call:

DANIEL DOANE

239

244-8672

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. SPOSEN HOLDINGS OF MONTANA LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 MONTANA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-4360352

(FEI number, if applicable)

4. 02/09/2018

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1001 S MAIN ST

(Street Address of Principal Office)

SUITE 49

KALISPELL, MT 59901

6. 2311 SANTA BARBARA BLVD

(Mailing Address)

SUITE 111

CAPE CORAL, FL 33991

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

Name: JEREMY R. SPOSATO

Office Address: 2311 SANTA BARBARA BLVD, SUITE 111

CAPE CORAL

(City)

, Florida 33991

(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, 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.

Registered agent's signature

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MANAGING MBR

JEREMY R. SPOSATO

2311 Santa Barbara Blvd #111  
Cape Coral, FL 33991

(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.

Signature of an authorized person

JEREMY R. SPOSATO

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 MAY 21 PM 4:18



## MONTANA SECRETARY OF STATE

Return Method: Email

May 30, 2017

JEREMIAH ADAMS  
1001 S MAIN STREET STE 49  
KALISPELL MT 59901

### CERTIFICATION LETTER

I, COREY STAPLETON, Secretary of State for the State of Montana, do hereby certify that

#### **Sposen Holdings of Montana LLC**

filed its Articles of Organization with this office and has fulfilled the applicable requirements set forth in law. By virtue of the authority vested in this office, I hereby issue this certificate evidencing the filing is effective on the date shown below.

**Certified File Number:** C1045778 - 11053604

**Effective Date:** May 29, 2017

Your company's annual report is due by April 15th of next year and each consecutive year thereafter.

Thank you for being a valued member of the Montana business community. I wish you continued success in your endeavors.

A handwritten signature in black ink, appearing to read "Corey Stapleton".

Corey Stapleton  
Montana Secretary of State