## Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080009045 : (302)645-7400 Phone : (302)645-1290 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: reed.asst@gmail.com

## Foreign Limited Liability Company Sparmere Associates LLC

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OCT 26 2018

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## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

- manualable enter alternate or	une adopted for the purpose of transacting business in F	lords. The alternate name must include "Limited Lis	ilithry Company " "L L C." or "LLC ")
	oran employer that sime hundreds are countries and accompanies and t	3. 04-2625142	
claware	uch toteran finated papality continues a ortanised)	3. (FEI min	ther, if applicable)
MARGISTION religion true face of 24	and leaving the second		
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	(Date first transacted business in Florida, if prior t (See sections 605 0904 & (05,0905, F.S.) to deter-	nine benefit jupital)	. 6
		6.	
(Street Address of	mapil Office)	(Slading Add	them) I S
25 Brazilian Ave.		16192 Coastal Hwy	
alm Beach, FL 33480	·	Lewes, DE 19958	
			F 7
impo and street address	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)	
****** New *****************************			Section 1
Name:	Registered Agents Inc.		
Office Address:	3030 N. Rocky Point Dr., STE 150A		
Office Address.			ŕ
	Tampa (Circ)	, Florida 33607	sic)
istered agent's accep	· •		
accept the obligation	s of my position as registered agent.	er and complete performance of mi	<u> </u>
l accept the obligation	(Reputee 1906)	has/have authority to manage is/are:	<u> </u>
l accept the obligation	is of my position as registered agent.	Sell (and sognative)	
t accept the obligation  The name, title or cap	(Regulated and address of the person(s) who	has/have authority to manage is/are:	Name and Address:  Joseph R. Bagby
Title or Capacity:	(Reputer pro- pacity and address of the person(s) who  Name and Address:  Meredith Bagby  125 Branken Ave	has/have authority to manage is/are:  Title or Capacity:	Name and Address:  Joseph R. Hagby  125 Regulin Ave
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## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SPARMERE ASSOCIATES LLC" IS DULY

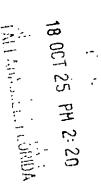
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPARMERE ASSOCIATES LLC" WAS FORMED ON THE SIXTH DAY OF JUNE, A.D. 2005.

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



3980826 8300

SR# 20187306987

You may verify this certificate online at corp.delaware.gov/authver.shtml

Septiery 89 Bullack, Secretary of State

Authentication: 203676088

Date: 10-24-18