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(Requestor's Name)	 .
(Address)	 .
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	<u> </u>
(Document Number)	_
Certified Copies Certificates of Status	_
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2019 FEB -0 AM 9: 08
ALLAHASSEE F STATE

UhS 2-11-19

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 6186Q1 8051

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AUTHORIZATION : Capulables

COST LIMIT : \$ 125.00

ORDER DATE: February 7, 2019

ORDER TIME : 10:07 AM

ORDER NO. : 618601-020

CUSTOMER NO: 8051872

FOREIGN FILINGS

NAME: SPIRE SUPPLY LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Spire Supply 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:
DBSS Legal Name of Person
Driven Brauds, Inc.
Firm/Company
440 S. Church St. Ste. 700
Address
City/State and Zip Code /egal @ driven brands.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Legal Department 1980 235-8362 Name of Contact Person Area Code Daytime Telephone Number
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations Registration Section Registration Section
Registration Section P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
S125.00 Filing Fee \$ \$130.00 Filing Fee & \$ \$155.00 Filing Fee & \$ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Name of L. 1997)	Spire Supply L	L. C. artte Lability Company," "I. F. C.," or "T. F.	
CSame of Poleter	o Limited (Japille) Company, must include "Fin	ifted Lability Company," "LT C," or "LT C	
ilt name unavailable, enter alternate	nume adapted for the purpose of transacting business in	Florida. The alternate name must include "Leinted L	adelity Company 3 E C T de 114 5
2 Delawar	chech foreign lumited habitive company is organized)	3. <u>\$1-495</u>	2450
		1.51111	in all and the second
ł	(Date first manuacted business in Florida, if prior (See sections (4)) (804 & 44) (73), E.S. to dete	to registration i	
5 440 5. C.U.	wich St.	i.	
		(\Lubur \	
<u> </u>	· NC 28202		
<u> (4) a 1/674</u>	NC 23202		
7 Name and street iddea	ss of Florida registered agent: (P.O. B		8 B
		ox <u>801</u> acceptable)	χ <u>ί</u> ω
Name:	Corporation Service Company		Çş _≩ M
Office Address,	1201 Hays Street		5% o D
	Tallahassee	. Florida 32301 Opso	0 O O O O O O O O O O O O O O O O O O O
designated in this applicate to comply with the provis	egistered agent and to accept service of tion. I hereby accept the appointment ions of all statutes relative to the prop is of my pastion as registered agent. (Corporality Sarvice Company) By:	as registered agent and agree to ac	t in this capacity. I further agree
			A 1
	Registered agent	- Milliane)	Asst. Vice President
8 The name, title or cap: Title or Capacity:			
8 The name, title or cap <u>Title or Capacity:</u>	Registered mem	has have authority to manage is are: <u>Title or Capacity:</u>	Name and Address:
8 The name, title or cap <u>Title or Capacity:</u>	Registered mem	has have authority to manage is are:	
8 The name, title or cap: Title or Capacity: CEO and President	Registrod agent acity and address of the person(s) who Name and Address: - Encethan Fitan	has have authority to manage is are: Title or Capacity: EVPCH Scretary	
CEO and	Registrol agent acity and address of the person(s) who Name and Address: - Encethan Fitan - Hos aliench of Lianuth NC -520	has have authority to manage is are: Title or Capacity: EVPCH Scretary	Name and Address: Alm 1 Dollack HOS Chincle St. St. Rob Charlette AC 20202
Title or Capacity: CEO and President (Use attachments if neces) 9 Attached is a certificate	Acrostered agent acrity and address of the person(s) who Name and Address: - ENCLINATE FIXAL STATES CLUBER STATES CLUBER STATES CLUBER STATES CONTROL STATE	has have authority to manage is are: Title or Capacity: EVPCH Scretary MCk CFO Steven i. duly authenticated by the official h	Name and Address: Alon 11 Dollar K HHO S. Chicacle St. Sterov Charlotte AC 18202 Kieky Wu HOS. Church St. Sterov Charlotte M. 28202
Title or Capacity: CEO and President (Use attachments if neces) 9 Attached is a certificate jurisdiction under the law of the translator must be so 10. This document is exec	Acrostered agent acrity and address of the person(s) who Name and Address: - ENCLINATE FIXAL STATES CLUBER STATES CLUBER STATES CLUBER STATES CONTROL STATE	has have authority to manage is are: Title or Capacity: EVPCH SCIPTATY MCK CFO Steven i. duly authenticated by the official hate is in a foreign language, a translation of (1) (b). Florida Statutes, I am awa	Name and Address: Also II Dollac K HAC S Chicacle St. St. ROD Charlette AC 28202 Charlette AC 28202 Also Chicacle St. St. Ro Charlette AC 28202 axing custody of records in the tion of the certificate under eath

Asped or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SPIRE SUPPLY 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 SEVENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPIRE SUPPLY LLC" WAS FORMED ON THE FOURTH DAY OF JANUARY, A.D. 2017.

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

Authentication: 202217667

Date: 02-07-19

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