

maooooo630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

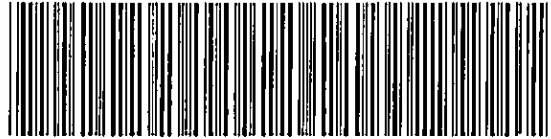
(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAR 15 A 10:05
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

JAN 16 2020
T. LEMIEUX

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 1/15/2020

PRIORITY Routine

OUR REF # (Order ID#) 802334

ORDER ENTITY
CHALK SPINNER LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

CHALK SPINNER LLC (FL)

File the attached foreign qualification document and provide a certified copy and good standing as evidence.

NOTES:

\$160.00 Authorized

Email address for annual report reminders: accounting@kodokids.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. Chalk Spinner LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. State of Colorado

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

3. 26-3150501

(FEI number, if applicable)

4.

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

155 Alter Street

5. (Street Address of Principal Office)

Broomfield, CO 80020

155 Alter Street

6. (Mailing Address)

Broomfield, CO 80020

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

Name: Sundoc Filings Incorporated

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312

(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.

(Registered agent's signature)

FILED
2020 MAR 15 A 10:05
TALLAHASSEE, FLORIDA

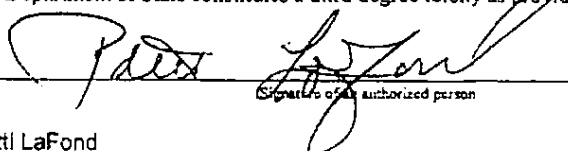
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Denise Scatill	<input checked="" type="checkbox"/> Manager	Name: Dwayne Alongi
<input checked="" type="checkbox"/> Member	Address: 1574 Parkview Drive	<input type="checkbox"/> Member	Address: 1351 Playmoor Drive
<input type="checkbox"/> Authorized	Vista, CA 92081	<input type="checkbox"/> Authorized	Palm Harbor, FL 34683
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Patti LaFond	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 1733 Weston Circle	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Erie, CO 80516	<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Lauren Barthen	<input type="checkbox"/> Manager	Name:
<input checked="" type="checkbox"/> Member	Address: 8164 Davidson Way	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Lafayette, CO 80026	<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 authorized person
 Patti LaFond

 Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Chalk Spinner LLC

is a

Limited Liability Company

formed or registered on 08/11/2008 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20081428009.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/10/2020 that have been posted, and by documents delivered to this office electronically through 01/13/2020 @ 13:57:08.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/13/2020 @ 13:57:08 in accordance with applicable law. This certificate is assigned Confirmation Number 12013948.



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."