

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**M21000025487450**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
Spencer Clarke Holdings LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

2021 JUL -1 PM 5:00

2021 JUL -1 AM 8:30

**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. Spencer Clarke Holdings 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. New York  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(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)

5. 1801 N.E. 123rd St. Suite 314  
(Street Address of Principal Office)

6. 1801 N.E. 123rd St. Suite 314  
(Mailing Address)

North Miami, FL 33181

North Miami, FL 33181

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

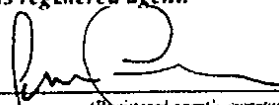
Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach 33408  
(City) Florida (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)

Jenisa Irizarry, Special Secretary

2021 JUL -1 AM 8:30

FILED


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 checked="" type="checkbox"/> Manager	Name: <u>Spencer Clarke LTD</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1801 N.E. 123rd St. Suite 314</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>North Miami, FL 33181</u>	<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: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<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: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<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 an authorized person

Jenisa Frizarry

\_\_\_\_\_  
 Typed or printed name of signer

## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** SPENCER CLARKE HOLDINGS LLC  
**DOS ID Number:** 2029930  
**Entity Type:** DOMESTIC LIMITED LIABILITY COMPANY  
**Entity Status:** EXISTING  
**Date of Initial Filing with DOS:** 05/15/1996  
**Statement Status:** CURRENT  
**Statement Due Date:** 05/31/2022

I certify that the following is a list of documents on file in the Department of State for said entity:

**Document Type:** CERTIFICATE OF LIMITED PARTNERSHIP  
**Date of Filing:** 05/15/1996  
**Entity Name:** SPENCER CLARKE L.P.

**Document Type:** AFFIDAVIT OF PUBLICATION  
**Date of Filing:** 08/22/1996

**Document Type:** AFFIDAVIT OF PUBLICATION  
**Date of Filing:** 08/22/1996

**Document Type:** CERTIFICATE OF CONVERSION  
**Date of Filing:** 10/27/1998  
**Name Changed To:** SPENCER CLARKE HOLDINGS LLC

**Document Type:** CERTIFICATE OF CANCELLATION  
**Date of Filing:** 10/27/1998

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 05/11/2000  
**Effective Date:** 05/01/2000

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/19/2002  
**Effective Date:** 05/01/2002

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 05/24/2004  
**Effective Date:** 05/01/2004

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 04/21/2006  
**Effective Date:** 05/01/2006

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 05/08/2008  
**Effective Date:** 05/01/2008

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 05/28/2010  
**Effective Date:** 05/01/2010

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 05/23/2012  
**Effective Date:** 05/01/2012

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 05/05/2014

Document Type: BIENNIAL STATEMENT  
Date of Filing: 09/23/2016  
Effective Date: 05/01/2016

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 05/04/2018  
Effective Date: 05/01/2018

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 05/06/2020  
Effective Date: 05/01/2020

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No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on June 30, 2021 at  
12:07 P.M.



ROSSANA ROSADO, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State