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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	Spirit Human Resources III, LLC JECT:	
	Nam	ne of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida
Please	e return all correspondence concerning this matter t	to the following:
	Marilyn Conyer	
		Name of Person
	Spirit Human Resources III. LLC	
		Firm/Company
	3030 Northwest Expressway, Suite 70	0
		Address
	Oklahoma City, OK 73112	
		City/State and Zip Code
	mconyer@spirithr.com	
	E-mail address: (to b	e used for future annual report notification)
For fu	orther information concerning this matter, please ca	all:
	Marilyn Conyer	405 951-5300 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
	Tallahassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI ■ \$125.00 Filing Fee □ \$130.00 Filing Fe Certificate	ee & 🔲 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

If name unavailable, enter alternate t	turne adopted for the purpose of transacting business in Fl	lorida The a	ternate name must include "Limited Liability Com	npany," "L.L.C," or "L.L.C.")
Oklahoma 2.		3.	35-2626178	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٥.	(FEI number, if applic	able 1
1				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	registration ine penalty li) ability)	
3030 Northwest Expre.			3030 Northwest Expressway	
Street Address of Principal Office)		o	(Mailing Address)	
Suite 700		9	Suite 700	
Oklahoma City, OK 73	112	(Oklahoma City, OK 73112	
		-		
	ss of Florida registered agent: (P.O. Box	- : <u>NOT</u> a	cceptable)	212
	ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT a	cceptable)	21218[]
7. Name and <u>street addres</u>		NOT a	cceptable)	2121 SE 21 A
7. Name and <u>street addres</u> Name:	Corporation Service Company 10300 Greenbriar Place Oklahoma City		OK 73159	2121 St. 21 FH 8: (
7. Name and <u>street addres</u> Name:	Corporation Service Company 10300 Greenbriar Place Oklahoma City			1121 SE 21 FH 8:49
Name and street address Name: Office Address: Registered agent's acceptaving been named as relesignated in this applicate ocomply with the provisi	Corporation Service Company 10300 Greenbriar Place Oklahoma City (City)	process f s register	OK 73159, Florida (Zip code) or the above stated limited liability red agent and agree to act in this co	company at the place apacity. I further agr

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: ___ Marilyn Conyer Name: _ ■Manager □Manager 3030 Northwest Expressway Address: ___ Address: ____ 3030 Northwest Expressway □Member ■ Member Suite 700 Suite 700 □ Authorized □ Authorized Oklahoma City, OK Oklahoma City, OK 73112 Person Person □Other____ □Other _ □Other_ \square Other $_$ □Manager Name: _____ □ Manager Name: _____ □Member Address: Address: □Member ☐ Authorized □ Authorized Person Person □Other Other____ Other___ Other_____ □Manager Name: □Manager Name: ☐Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person □Other____ □Other_____ Other____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Typed or printed name of signee

Marilyn Conyer

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>SPIRIT HUMAN RESOURCES III, LLC</u> whose registered agent is <u>CORPORATION SERVICE COMPANY</u>, with its registered office at <u>10300 GREENBRIAR PLACE OKLAHOMA CITY 73159 7653 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>14th</u>, day of <u>September</u>, 2021.

Pain Tayon

Secretary Of State