

M220000010360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2022 JUL -5 AM 11:22  
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S. ROBERTS

JUL 05 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 785699 3574A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : July 1, 2022

ORDER TIME : 9:22 AM

ORDER NO. : 785699-005

CUSTOMER NO: 3574A

FOREIGN FILINGS

NAME: CC RESPARK, 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: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_



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

2. Delaware 3. 88-3068909  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 364 Gulf Road 6. 364 Gulf Road  
(Street Address of Principal Office) (Mailing Address)

Key Biscayne, Florida 33149 Key Biscayne, Florida 33149

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee 32301  
(City) , Florida (Zip code)

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TALLAHASSEE, FL

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.

By: Corporation Service Company Eylima Bahor  
(Registered agent's signature) Assistant Vice President

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>
<input checked="" type="checkbox"/> Manager	Name: Benjamin P. Jones
<input type="checkbox"/> Member	Address: 364 Gulf Road
<input type="checkbox"/> Authorized	Key Biscayne, Florida 33149
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

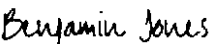
<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	
Person	
<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.

DocuSigned by:  
  
BAAAD852F42C4B6...  
Signature of an authorized person

Benjamin P. Jones  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CC RESPARK, 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 FIRST DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CC RESPARK, LLC" WAS FORMED ON THE THIRTIETH DAY OF JUNE, A.D. 2022.

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



Jeffrey W. Bullock, Secretary of State

6888348 8300

SR# 20222895303

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203826425

Date: 07-01-22