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Division of Corporations

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

Email Address: RICK.SCHMITZ@SPEARCOMMERCIAL.COM

Foreign Limited Liability Company
Spear C&I, LLC

Certificate of Status	1
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S. ROBERTS

DEC 15 2022

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**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. Spear C&I, 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. Texas
(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. 8210 Interstate 35, Suite 200
(Street Address of Principal Office)

6. 8210 Interstate 35, Suite 200
(Mailing Address)

New Braunfels, TX 78130New Braunfels, TX 78130

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

Name: Hubco Registered Agent Services, Inc.

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, Florida 32301
(City) (Zip code)

2022 DEC 14 AM 10:48

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.

B. B. Hubbard
(Registered agent's signature) Bruce B. Hubbard

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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: <u>Mark Rangel</u>	<input type="checkbox"/> Manager	Name: <u>Craig LoValvo</u>
<input checked="" type="checkbox"/> Member	Address: <u>8210 Interstate 35, Suite 200</u>	<input checked="" type="checkbox"/> Member	Address: <u>8210 Interstate 35, Suite 200</u>
<input type="checkbox"/> Authorized	<u>New Braunfels, TX 78130</u>	<input type="checkbox"/> Authorized	<u>New Braunfels, TX 78130</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Michael LeFevre</u>	<input type="checkbox"/> Manager	Name: <u>James Kuykendall</u>
<input checked="" type="checkbox"/> Member	Address: <u>8210 Interstate 35, Suite 200</u>	<input checked="" type="checkbox"/> Member	Address: <u>8210 Interstate 35, Suite 200</u>
<input type="checkbox"/> Authorized	<u>New Braunfels, TX 78130</u>	<input type="checkbox"/> Authorized	<u>New Braunfels, TX 78130</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Ethan Davant</u>	<input type="checkbox"/> Manager	Name: <u>James Worden</u>
<input checked="" type="checkbox"/> Member	Address: <u>8210 Interstate 35, Suite 200</u>	<input checked="" type="checkbox"/> Member	Address: <u>8210 Interstate 35, Suite 200</u>
<input type="checkbox"/> Authorized	<u>New Braunfels, TX 78130</u>	<input type="checkbox"/> Authorized	<u>New Braunfels, TX 78130</u>
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.

DocuSigned by:
Mark Rangel
876C8F481221463
Signature of an authorized person

Mark Rangel

Typed or printed name of signer

H22000420739

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



H22000420739
John B. Scott
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Spear C&I, LLC (file number 803708158), a Domestic Limited Liability Company (LLC), was filed in this office on August 03, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 09, 2022.



A handwritten signature of John B. Scott in black ink.

John B. Scott
Secretary of State