

M230000011863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

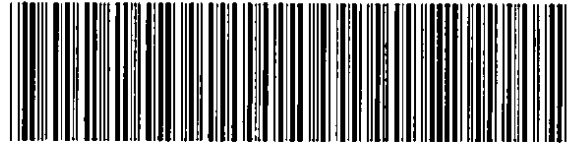
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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# DYE HARRISON

*Dye, Harrison, Kirkland, Petruff & Pratt, PLLC*

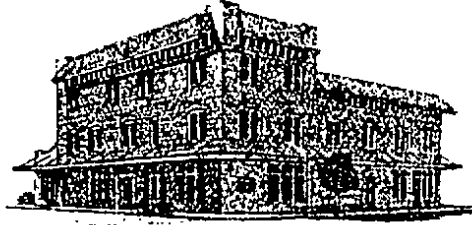
A FULL SERVICE LAW FIRM SINCE 1920

Stephen R. Dye  
G. Joseph Harrison  
Thomas W. Harrison  
W. Nelson Kirkland  
Patricia A. Petruff<sup>1</sup>  
Charles J. Pratt, Jr.

Thomas A. Thanas<sup>2</sup>

<sup>2</sup>Of Counsel

<sup>1</sup>Board Certified: City, County And Local Government Law



1206 Manatee Avenue West  
Bradenton, Florida 34205-7518  
Phone: (941) 746-1167  
(941) 748-4411  
Fax: (941) 746-9229  
[www.dyeharrison.com](http://www.dyeharrison.com)  
Please Reply to:  
PO Box 400  
Bradenton, FL 34206-0400

August 25, 2023

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Sprinkles Capital, LLC

Dear Clerk:

Enclosed is a cover letter for filing the above referenced company to do business in the State of Florida. Also, enclosed within this package is check # 4477 in the amount of \$1250.00 along with a certificate of existence from the State of Georgia. Should you have any questions in connection with the enclosures, please contact me at [tvarnadore@dyeharrison.com](mailto:tvarnadore@dyeharrison.com).

Very truly yours,

DYE, HARRISON, KIRKLAND, PETRUFF  
& PRATT, PLLC

A handwritten signature in black ink that reads "Tamara G. Varnadore". The signature is fluid and cursive, with the first name being the most prominent.

Tamara G. Varnadore, CP  
Certified Paralegal

/tg  
Encl.

**COVER LETTER**

**TO:     Registration Section  
          Division of Corporations**

**SUBJECT:**     Sprinkles Capital, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sharon K. Poulos

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6650 Stratford Place

\_\_\_\_\_  
Address

Cumming, GA 30040

\_\_\_\_\_  
City/State and Zip Code

skpoulos99@outlook.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon K. Poulos

404

307-4713

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**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. Sprinkles Capital, 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. Georgia 3. 87-2219141  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 6650 Stratford Place 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)

Cumming, GA 30040

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

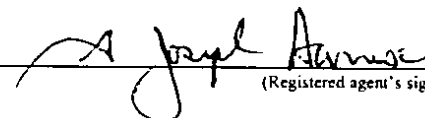
Name: G. Joseph Harrison, Esquire

Office Address: 1206 Manatee Avenue West

Bradenton , Florida 34205  
(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)

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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]:

**Title or Capacity:**                      **Name and Address:**

☐ Manager      Name: Sharon K. Poulos

☒ Member      Address: 6650 Stratford Place

☐ Authorized      Cumming, GA 30040

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager      Name: Glenn Gruschow

☒ Member      Address: 6650 Stratford Place

☐ Authorized      Cumming, GA 30040

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

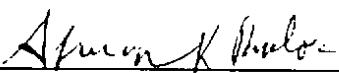
Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ 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

Sharon K. Poulos  
\_\_\_\_\_  
Typed or printed name of signee

# STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Sprinkles Capital, LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 25798764  
Date Inc/Auth/Filed: 08/13/2021  
Jurisdiction : Georgia  
Print Date : 08/25/2023  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State