

M23000014558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

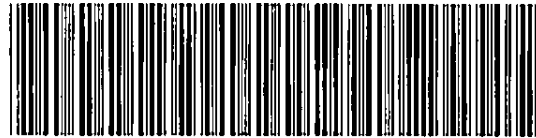
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2023 NOV 14 AM 11:02

RECEIVED

DIRECTOR'S OFFICE  
OF STATE REGISTRATION  
TALLAHASSEE, FLORIDA

2023 NOV 14 PM 2:30

NOV 15 2023

K. Brumley

**CT CORP**  
**(850) 656- 4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 11/14/2023  
Acc#I20160000072

*en: c DW*

|             |                   |
|-------------|-------------------|
| Name:       | K&K Electric, LLC |
| Document #: |                   |
| Order #:    | 15212220          |

|                                   |                          |  |                         |  |
|-----------------------------------|--------------------------|--|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |  |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |  |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |  |                         |  |
| Certified Copy of                 | <input type="checkbox"/> |  |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> |  | Country of Destination: |  |
|                                   |                          |  | Number of Certs:        |  |

|   |  |   |
|---|--|---|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> | Email Address for Annual Report Notifications:<br><div></div> |
|   | Plain: <input type="checkbox"/>                |   |
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|                     |
|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ **155.00**

Thank you!

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: K&K Electric, 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:

Elizabeth Campbell

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

Robinson Bradshaw & Hinson, P.A.

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

101 N. Tryon St., Suite 1900

\_\_\_\_\_  
Address

Charlotte, NC 28246

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

Scott.Wattenberg@spatco.com

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

For further information concerning this matter, please call:

Elizabeth Campbell

704

377-8170

\_\_\_\_\_  
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. K&K Electric, L.L.C  
(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  
(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. 645 Voltage Way  
(Street Address of Principal Office)  
Sanford, FL 32773

6. 645 Voltage Way  
(Mailing Address)  
Sanford, FL 32773

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.

By: C T Corporation System  
(Registered agent's signature)

APPROVED  
AND  
FILED  
2023 NOV 14 AM 11:02

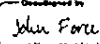
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>SPATCO Holdings, LLC</u>             | <input type="checkbox"/> Manager               | Name: <u>John Force</u>                        |
| <input type="checkbox"/> Member             | Address: <u>4201 Congress Street, Ste 440</u> | <input type="checkbox"/> Member                | Address: <u>8303 University Executive Park</u> |
| <input type="checkbox"/> Authorized         | <u>Charlotte, NC 28209</u>                    | <input checked="" type="checkbox"/> Authorized | <u>Suite 400</u>                               |
| Person                                      | _____   | Person   | <u>Charlotte, NC 28262</u>                     |
| <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  
  
 John Force  
 \_\_\_\_\_  
 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 "K&K ELECTRIC, 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 NINTH DAY OF NOVEMBER, A.D. 2023.

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



2607105 8300

SR# 20233935684

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204556813

Date: 11-09-23