

1124000007728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

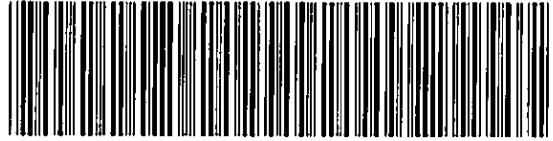
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JUN 10 2024

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2024 JUN 10 PM 3:31  
STATE OF FLORIDA  
TALLAHASSEE, FL

T. LEMIEUX

JUN 17 2024

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Spade Telecom & IT, 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:

Deepak Dugad

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

Spade Telecom & IT, LLC

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

120 E FM 544 Suite 72

\_\_\_\_\_  
Address

Murphy, TX 75094

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

deepak.dugad@spadeitt.com

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

For further information concerning this matter, please call:

Deepak Dugad

469

261 1731

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

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

\_\_\_\_\_  
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. Spade Telecom & IT, LLC

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

Spade Telecom Construction Services, 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. 83-1326273

(FEI number, if applicable)

4. No business conducted as of yet

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

5. 419 Glenbrook Dr

(Street Address of Principal Office)

6. 120 E FM 544 Suite 72

(Mailing Address)

Murphy

Murphy

TX 75094

TX 75094

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

Name: Lon Miyahira

Office Address: 11824 via Salemo Way

Miromar Lakes

(City)

, Florida

33913

(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.*

Lon  
Miyahira

I hereby agree to act as registered agent for the above stated limited liability company and to accept service of process for the above stated limited liability company at the place designated in this application. I agree to the terms and conditions of the application and to the appointment of me as registered agent.

(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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>Deepak Dugad</u>	<input type="checkbox"/> Manager	Name: <u>Len Miyahira</u>
<input checked="" type="checkbox"/> Member	Address: <u>419 Glenbrook Drive</u>	<input checked="" type="checkbox"/> Member	Address: <u>12509 Grand Haven Dr</u>
<input type="checkbox"/> Authorized	<u>Murphy, TX 75094</u>	<input type="checkbox"/> Authorized	<u>Texas City, TX 77568</u>
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 _____
<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.

Len Miyahira  
Signature of an authorized person  
 \_\_\_\_\_  
 Len Miyahira  
Typed or printed name of signee



## 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 SPADE TELECOM & IT LLC (file number 803073846), a Domestic Limited Liability Company (LLC), was filed in this office on July 23, 2018.

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 June 05, 2024.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson  
Secretary of State