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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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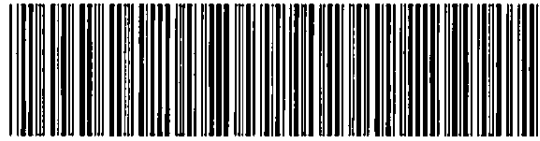
(Business Entity Name)

(Document Number)

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07:44 PM JUN 14 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

Spearpoint Services LLC

SUBJECT: _____
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:

Carl Martinez

Name of Person

Spearpoint Services LLC

Firm/Company

4030 Plaza Dr. #3

Address

Casper, WY 82609

City/State and Zip Code

cmartinez@spearpoint-services.com

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

For further information concerning this matter, please call:

Carl Martinez

913

231-0711

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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy 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. Spearpoint Services 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. Wyoming 3. 99-1711109
(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. 781 W 59th St. 6. 4030 Plaza Dr. #3
(Street Address of Principal Office) (Mailing Address)

Casper, WY 82601

Casper, WY 82609

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(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.

FM

(Registered agent's signature)

2014 JUN 14 PM 4:40


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: Carl Martinez	<input type="checkbox"/> Manager	Name: Joshua Jamison
<input checked="" type="checkbox"/> Member	Address: 4030 Plaza Dr. #3	<input checked="" type="checkbox"/> Member	Address: 4030 Plaza Dr. #3
<input type="checkbox"/> Authorized	Casper, WY 82609	<input type="checkbox"/> Authorized	Casper, WY 82609
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Richard Miller	<input type="checkbox"/> Manager	Name: Roy Bourne
<input checked="" type="checkbox"/> Member	Address: 4030 Plaza Dr. #3	<input checked="" type="checkbox"/> Member	Address: 4030 Plaza Dr. #3
<input type="checkbox"/> Authorized	Casper, WY 82609	<input type="checkbox"/> Authorized	Casper, WY 82609
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Brandon McGowan	<input type="checkbox"/> Manager	Name: Heather Husman
<input checked="" type="checkbox"/> Member	Address: 4030 Plaza Dr. #3	<input checked="" type="checkbox"/> Member	Address: 4030 Plaza Dr. #3
<input type="checkbox"/> Authorized	Casper, WY 82609	<input type="checkbox"/> Authorized	Casper, WY 82609
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

Carl B. Martinez

Typed or printed name of signer



Wyoming Secretary of State
Herschler Bldg East, Ste. 100 & 101

Cheyenne, WY 82002-0020
Ph. 307-777-7311

Consent to Appointment by Registered Agent

Heather N Husman, whose registered office is located at **781 W 59th St Casper WY 82601, casper, WY 82601**, voluntarily consented to serve as the registered agent for **Spearpoint Services LLC** and has certified they are in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

I have obtained a signed and dated statement by the registered agent in which they voluntarily consent to appointment for this entity.

Signature: **Heather Husman** Date: **02/20/2024**
Print Name: **Heather Husman**
Title: **Agent**
Email: **hhusman@spearpointlog.com**
Daytime Phone #: **(307) 746-8430**

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Spearpoint Services LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 20, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001413073**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of May, 2024 at 2:44 PM. This certificate is assigned ID Number 072404730.




Secretary of State