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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	_

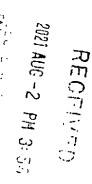
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CA

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 939896 4305845

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE : August 2, 2021

ORDER TIME : 2:56 PM

ORDER NO. : 939896-005

CUSTOMER NO: 4305845

#### FOREIGN FILINGS

NAME: FLETCHER SPARROW CAPITAL

MANAGEMENT, LLC

XXXX\_ QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

#### COVER LETTER

		COVERLETTER				
	Registration Section Division of Corporations					
SUBJECT	Fletcher Sparrow Capital Management	, LLC				
Name of Limited Liability Company						
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.				
Please retu	urn all correspondence concerning this matter t	to the following:				
	Jon Jacob Fletcher					
		Name of Person				
	Fletcher Sparrow Capital Manager	ment, LLC				
		Firm/Company				
	2021 W. Roderweis Road					
		Address				
	Cabot, Arkansas 72023					
	C	City/State and Zip Code				
	jfletcher@fletchersparrow.com					
	E-mail address: (to be	e used for future annual report notification)				
For further	r information concerning this matter, please ca	II:				
C	Graham Pittman	212 728-8669 at ( )				
_	Name of Contact Person	at () Area Code Daytime Telephone Number				
	lailing Address:	Street Address:				
	Registration Section Registration Section					
	Division of Corporations	Division of Corporations				
	C.O. Box 6327	The Centre of Tallahassee				
Т	allahassee. FL 32314	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

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPITANCE WITH SECTION (68-0-12, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Same of Foresta	Limited Liability Company; must include "Limit	ed Liability Company," "L. L.C.," or "LLC.")		
umvailable, erner abernate	matic adopted for the purpose of transacture business in	keeds. The atternate name must include "Lamsted Liability Company," "L.L.C." or "LLC."		
laware	,			
arediction under the law of a	Each foreign terrated trability companies is organized;	3. (ITI number, if applicable)		
	, , , ,			
/A				
	(Pute first transacted business in Florids, if prior to 15ex sections 605 0804 & 605 0905, F.S. to determ	o registration ) note principy (ability)		
021 W. Roderweis	Road	2021 W. Roderweis Road		
Address of Principal Office)		6. (Mading Address)		
·	200	•		
abot, Arkansas 720	J23	Cabol, Arkansas 72023		
ime and street addre	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)		
ame and <u>street addre</u> Name.	of Florida registered agent: (P.O. Bo  Jon Jacob Fletcher	x <u>NOT</u> acceptable)		
<del></del>		NOT acceptable)		
Name.	Jon Jacob Fletcher	34475		
Name.	Jon Jacob Fletcher 969 NW 45 Place	SOT acceptable)  34475  Florida  (**prode*)		
Name.	Jon Jacob Fletcher  969 NW 45 Place  Ocala	34475 34475 34475		

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:	Title or Capacity:		Name and Address:
• Manager	Name:	□Manager	Name:	
□Member	Address: 2021 W. Roderweis Road	□Member	Address:	
□Authorized	Cabot, Arkansas 72023	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
_				
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		<u> </u>
□Other	Other	□Other		□Other
□ Managar	Nama			
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	Other	<del></del>	□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 enthorized person

Jon Jacob Fletcher

Typed or printed name of signee

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FLETCHER SPARROW CAPITAL MANAGEMENT,

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 TWENTY-SIXTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLETCHER SPARROW CAPITAL MANAGEMENT, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE,

A.D. 2021.

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



Jeffrey W. Budlack, Secretary of State

Authentication: 203764469