

# LOZO 00011006

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
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## LIMITED LIABILITY COMPANY

Spectrum Property Solutions LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

02 MAY -7 PM 4: 39  
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Spectrum Property Solutions LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**5550 N.W. 61 St. #521  
Coconut Creek, FL 33073**

ARTICLE III - Registered Agent, Registered Office & Registered Agent's signature

The name and Florida street address of the registered agent are:

**Christe Eker**

Name

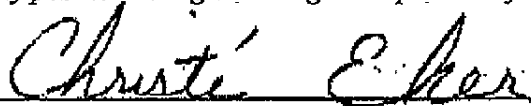
**5550 N.W. 61 St. #521**

(P.O. Box or Mail Drop Box **NOT** Acceptable)

**Coconut Creek, FL 33073**

(City / State / Zip)

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*



**Registered Agent's Signature - Christe Eker**

ARTICLE IV - Management ( Check box if applicable )

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company

**Signature of a member or authorized representative of a member.**

( In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. )

**Kimberly Budnitz**

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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