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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company CAREERAMERICA, LLC

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	CCT: CAREERAMERICA.LLC	_	
	Name of Limited Liability Company	_	
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, ice, and check are submitted to register the above referenced foreign limited liability company to transact busi		
Please	feium all correspondence concerning this matter to the following:		
	Oamon Vangelis		
	Nume of Person	•	
	Financial Aid TV		
	Firm/Compuny	1	~ 3
	PO BOX 7139		2014
	Address	, <u></u>	222
		!	\sim
	BOULDER, CO 80306 City/State and Zip Code	11.5	1/2
	Chy/State and Zip Code	11.	
	damon@financialaidtv.com		***
	E-mail address: (to be used for future unnual report notification)	"	Š
For fur	ther information concerning this matter, pleaso call:	Park	മ
	DAMON VANGELIS at (303) 351-2546		
	Name of Contact Person Area Code Daytime Telephone Number	-	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 STREET ADDRESS: Division of Corporations Registration Section Clifton Building		
	Tallahassee, FL 32314 2661 Executive Center Circle Tullahassee, FL 32301		
Enclos	sed is a check for the following amount: 图 \$125.00 Filing Fee 日 \$130.00 Filing Fee & 日 \$160.00 Filing Fee, Continue of Status Certified Copy of Status & Certified		
	Certificate of Status Certified Copy of Status & Certified	Сору	

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:

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Flori Liability Company," "LLC." or "LLC.")	da. The alternate name must include "t
2. Culorado 3.	
(Jurisdiction under the law of which foreign limited liability company is organized) (FE	I number, if applicable)
(Date first transacted business in Florida, if prior to registrat (See sections 605.0904 & 605.0905, F.S. to determine penalty	(on.) Jiability)
5. 703 11TH ST	
BOULDER, CO 80302	3 % 3 % e es
(Street Address of Principal Office)	
5. PO BOX 7139	
^ 	
BOULDER, CO 80306	
BOULDER, CO 80306 (Mailing Address)	authority to manage is/are:
BOULDER, CO 80306 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have	authority to manage is/are:
BOULDER, CO 80306 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have	authority to manage is/are:
BOULDER, CO 80306	d, duly authenticated by the o
BOULDER, CO 80306 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have DAMON VANGELIS, MANAGER, PO BOX 7139 BOULDER CO 80306 3. Attached is an original certificate of existence, no more than 90 days old naving custody of records in the jurisdiction under the law of which it is o acceptable. If the certificate is in a foreign language, a translation of the co	d, duly authenticated by the o

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	f the Limited Liability Con	npany is:		
CAREERAMERI	CA.LLC			
If unavailable,	the alternate to be used in t	he state of Florida is:		
2. The name ar	nd the Florida street addres	s of the registered agent and office are:	2011 138 2	
	C T Corporation System			
	(Name)			
	1200 South Pine Island Road		90	
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)		
	Plantation	FL 33324		
		City/State/Zip		
liability compar- registered agent statutes relating accept the oblig Statutes.	ny at the place designated in t and agree to act in this ca to the proper and complete ations of my position as reg	d to accept service of process for the above state this certificate, I hereby accept the appointment pacity. I further agree to comply with the provi- e performance of my duties, and I am familiar was sistered agent as provided for in Chapter 605, F	nt as sions of all with and	
	\$ 100.04 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional)		

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

CAREERAMERICA, LLC

is a Limited Liability Company formed or registered on 01/14/2010 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20101026265.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/17/2014 that have been posted, and by documents delivered to this office electronically through 01/21/2014 @ 16:25:46.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 01/21/2014 @ 16:25:46 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8741736.



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, https://www.sos.state.co.us/bis/Certificate-Secret/Criteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely aptional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."