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SECRETARY OF JAM

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 041848 AUTHORIZATION : COST LIMIT : 155.00 \( \) ORDER DATE: November 11, 2019 ORDER TIME : 5:05 PM ORDER NO. : 041848-005 CUSTOMER NO: 8290125 DOMESTIC FILING NAME: CAREER HOLDINGS, LLC EFFECTIVE DATE: \_\_\_\_ ARTICLES OF INCORPORATION \_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY \_\_\_\_\_ PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Amanda Robinson - EXT.62968

EXAMINER'S INITIALS:

## COVER LETTER

TO:	New Filing Section Division of Corporations	
CHDIC	Career Holdings, LLC	
SUBJE	CT: Name c	f Limited Liability Company
The enc	closed Articles of Organization and feet	s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the following:
	Shawn C. Snyder, Esq.	
		Name of Person
	Snyder & Snyder, P.A.	
		Firm/Company
	7931 Orange Drive	
		Address
	Davie, FL 33328	
		City/State and Zip Code
		used for future annual report notification)
For furth	er information concerning this matter, p	please call:
	Yani Riveron, FRP	954 475-1139 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
	0 Filing Fee \$130.00 Filing Fee Certificate of State	
	Mailing Address New Filing Section	Street Address New Filing Section

New Filing Section Division of Corporations P.O. Box 6327

P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART/CLE I - Name: The name of the Limited Lia	bility Company is:		
Career Holdings	LLC contain the words "Limited I	iability Company	MILC Parel (CP)
Oviuse	tonam me words. Emined i	macinty Company.	. L.L.C OF LLC. )
ARTICLE H - Address: The mailing address and stre	et address of the principal o	ffice of the Limited	I Liability Company is:
<u>Prii</u>	acipal Office Address:		Mailing Address:
		nes	6 Delmar Place
2516 Delmar Pla	ce	401	O Dennai Tince
ARTICLE III - Registered	Agent, Registered Office,	Et I  Registered Age	auderdale, FL 55301
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, oany cannot serve as its own an active Florida registratio	& Registered Age Registered Agent.	auderdale, FL 55301
ARTICLE III - Registered (The Limited Liability Comp	Agent, Registered Office, oany cannot serve as its own an active Florida registrationeet address of the registered	& Registered Age Registered Agent.	auderdale, FL 55301
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, oany cannot serve as its own an active Florida registratio	& Registered Age Registered Agent.	auderdale, FL 55301
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, oany cannot serve as its own an active Florida registrationeet address of the registered	& Registered Age Registered Agent. n.) Lagent are:	auderdale, FL 55301
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Kathleen Moreo	& Registered Age Registered Agent. n.) Lagent are:	auderdale, FL 55301 sit's Signature: You must designate an individual or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registratio reet address of the registered Kathleen Moreo	& Registered Age Registered Agent, n,) Lagent are: Name	auderdale, FL 55301  aut's Signature: You must designate an individual or

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. Thereby 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 605, F.S.,

Registered Agent's Signature (REQUIRED

(CONTINUED)

2815 NOV 12 PM 1:42

<u>Title:</u> "AMBR" = A	uthorized Member	Name and Address:
"MGR" = Mai MGR		Kathleen Moreo 2516 Delmar Place
MGR		Pt Lauderdale, FL 33301  James H. Moreo
		2516 Delmar Place Ft Lauderdale, Ft, 33301
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(Use attachme	ent if necessary)	
fan effective date is to to date of filling.) tote: If the date insert to document's effective RTICLE VI: Other pr	listed, the date must be specific and ted in this block does not meet the ase date on the Department of State's rovisions, if any,	
ivesiment		
REOURED	SIGNATURE:	Mole
	<ul> <li>This document is executed in acc</li> </ul>	an authorized representative of a member, cordance with section 605.0203 (4) (b), Florida Statutea, tion submitted in a document to the Department of State is provided for in s.817.155, F.S.
	Kuthleen Morco	or printed name of signee

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-