Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:	

## FLORIDA LIMITED LIABILITY CO.

## Spectrum Job Success LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Spectrum Job Success LLC		
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "L.L.C.,")	
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:  Mailing Address:	
Principal Office Address:		
12148 Pasadena Way	12148 Pasadena Way	
	12148 Pasadena Wav Boynton Beach, FL 33437	

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

Diane Kielleren		
	Name	
2148 Pasadena Way		
Florida street addres	s (P.O. Box <u>NOT</u> ac	eceptable)
Boynton Beach	FL	33437
City	State	7in

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 605, F.S..

Olivia Longales, Olivia Gonzales, Attorney-in-Fact Registered Agent's Signature (REQUIRED)

(CONTINUED)

2025 JUL -7 PHII: 21

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
•	IN THE R
AMBR	Diane Kielleren 12148 Pasadena Way
	Boynton Beach, FL 33437
(Use attachment if necessary)	
•	
(If an effective date is listed, the date must be the date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Olivia Lon	malia
Signature of a	yalls member or an authorized representative of a member.
This document is ex I am aware that any i	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Computersha by:_Olivia_Gor	re Entity Solutions Inc., Organizer - nzales, Special Secretary Typed or printed name of signee
	Typed or printed name of signee
	Filling 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)

