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J. LEMIEUX

NOV 10 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Spectrum Events, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Rosario Craig Musumeci

Name of Person

Spectrum Events, LLC

Firm/Company

1 E Broward Blvd Suite 620

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

emily@got2go.com or craigmusumeci@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emily E Rybak

843

333-3195

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. Spectrum Events, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Timeshare Exit Expo, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wyoming 3. 87-3293193
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

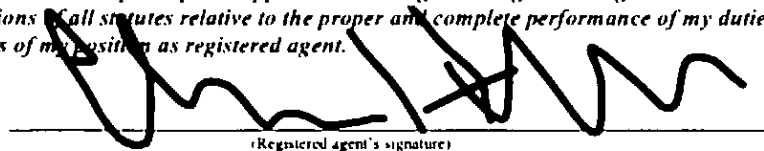
5. 1 E Broward Blvd 6. 1 E Broward Blvd
(Street Address of Principal Office) (Mailing Address)
Suite 620 Suite 620
Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Christian Highlander
Office Address: 1 E Broward Blvd Suite 620
Fort Lauderdale, Florida 33301
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

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21 NOV -8 AM 8:17
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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:**

☒ Manager Name: Rosario Craig Musumeci

☒ Member Address: 1 E Broward Blvd

☐ Authorized Suite 620

Person Fort Lauderdale, FL 33301

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Christian Highlander

☒ Member Address: 1 E Broward Blvd

☐ Authorized Suite 620

Person Fort Lauderdale, FL 33301

☐ Other ☐ Other

☒ Manager Name: Jason Krick

☒ Member Address: 1 E Broward Blvd

☐ Authorized Suite 620

Person Fort Lauderdale, FL 33301

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

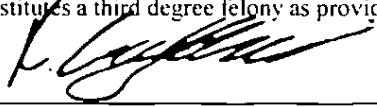
Person

☐ Other ☐ 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 authorized person

Rosario Craig Musumeci

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

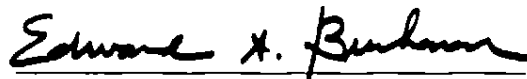
Spectrum Events, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **October 15, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001043868**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of November, 2021 at 10:42 AM. This certificate is assigned ID Number 047772132.




Secretary of State

RESOLUTIONS ADOPTED BY ORGANIZER
OF
Spectrum Events, LLC

The undersigned, being the sole Organizer of the Limited Liability Company hereby adopts the following resolutions:

RESOLVED, that a copy of the Certificate of Organization of the Limited Liability Company, together with the original receipt showing payment of the statutory organization tax and filing fee, be inserted in the Minute Book of the Limited Liability Company.

RESOLVED, that the form of the Operating Agreement submitted to the meeting be, and the same hereby are, adopted as and for the Operating Agreement of the Limited Liability Company, and that a copy thereof be placed in the Minute Book of the Limited Liability Company.

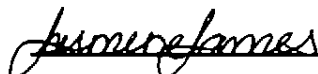
RESOLVED, that the following persons be, and hereby are, elected as Member(s) of the Limited Liability Company, to serve until the first annual meeting, and until their successors are elected and qualify.

FURTHER RESOLVED, that the following persons be, and is given full authority to manage, control and operate the said Limited Liability Company.

RESOLVED FURTHER, that the following person(s), is authorized to make decisions in the ordinary course of business, including, but not limited to, decisions regarding sales, purchases and employees. As well as the right to open a bank account, lines of credit, contractual agreements, and other financial agreements in the name of the Limited Liability Company for the deposit of funds belonging to the Limited Liability Company, such funds to be withdrawn only by lawful banking transactions signed by authorized parties.

Rosario Musumeci
Christian Highlander
Jason Krieck

IN WITNESS WHEREOF, the undersigned has executed this written consent, dated this 15th day of October, 2021, at Cheyenne, Wyoming.



Jasmine James, on behalf of
Capital Administrations LLC, Organizer



Wyoming Secretary of State
Herschler Bldg East, Ste. 100 & 101
Cheyenne, WY 82002-0020
Ph. 307-777-7311

For Office Use Only
WY Secretary of State
FILED: Oct 15 2021 8:29AM
Original ID: 2021-001043868

Limited Liability Company Articles of Organization

- I. **The name of the limited liability company is:**
Spectrum Events, LLC
- II. **The name and physical address of the registered agent of the limited liability company is:**
Capital Administrations LLC
1712 Pioneer Ave Ste 115
Cheyenne, WY 82001
- III. **The mailing address of the limited liability company is:**
1712 Pioneer Ave Ste 500
Cheyenne, WY 82001
- IV. **The principal office address of the limited liability company is:**
1712 Pioneer Ave Ste 500
Cheyenne, WY 82001
- V. **The organizer of the limited liability company is:**
Capital Administrations, LLC
1712 Pioneer Ave Ste 115, Cheyenne, WY 82001
- VI. **Additional Article:**
The purpose for which the limited liability company is organized is: any lawful purpose except for the purposes of banking and insurance.
- VII. **Additional Article:**
The remaining members of the limited liability company, if any, shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the continued membership of a member of the limited liability company, unless otherwise stated in the Membership Operating Agreement.

Signature: **Jasmine James** Date: 10/15/2021
Print Name: **Jasmine James**
Title: **Organizer**
Email: **tax@wyomingcompany.com**
Daytime Phone #: **(307) 632-3333**



Secretary of State

Wyoming Secretary of State
Herschler Bldg East, Ste.100 & 101

Cheyenne, WY 82002-0020
Ph. 307-777-7311

- ☒ I am the person whose signature appears on the filing; that I am authorized to file these documents on behalf of the business entity to which they pertain; and that the information I am submitting is true and correct to the best of my knowledge.
- ☒ I am filing in accordance with the provisions of the Wyoming Limited Liability Company Act, (W.S. 17-29-101 through 17-29-1105) and Registered Offices and Agents Act (W.S. 17-28-101 through 17-28-111).
- ☒ I understand that the information submitted electronically by me will be used to generate Articles of Organization that will be filed with the Wyoming Secretary of State.
- ☒ I intend and agree that the electronic submission of the information set forth herein constitutes my signature for this filing.
- ☒ I have conducted the appropriate name searches to ensure compliance with W.S. 17-16-401.
- ☒ I consent on behalf of the business entity to accept electronic service of process at the email address provided with Article IV, Principal Office Address, under the circumstances specified in W.S. 17-28-104(e).

Notice Regarding False Filings: Filing a false document could result in criminal penalty and prosecution pursuant to W.S. 6-5-308.

W.S. 6-5-308. Penalty for filing false document.

(a) A person commits a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both, if he files with the secretary of state and willfully or knowingly:

(i) Falsifies, conceals or covers up by any trick, scheme or device a material fact;

(ii) Makes any materially false, fictitious or fraudulent statement or representation; or

(iii) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry.

- ☒ I acknowledge having read W.S. 6-5-308.

Filer is: ☐ An Individual ☒ An Organization

The Wyoming Secretary of State requires a natural person to sign on behalf of a business entity acting as an incorporator, organizer, or partner. The following individual is signing on behalf of all Organizers, Incorporators, or Partners.

Filer Information:

By submitting this form I agree and accept this electronic filing as legal submission of my Articles of Organization.

Signature: Jasmine James

Date: 10/15/2021

Print Name: Jasmine James

Title: Organizer

Email: tax@wyomingcompany.com

Daytime Phone #: (307) 632-3333



Secretary of State

Wyoming Secretary of State
Herschler Bldg East, Ste. 100 & 101

Cheyenne, WY 82002-0020
Ph. 307-777-7311

Consent to Appointment by Registered Agent

Capital Administrations LLC, whose registered office is located at **1712 Pioneer Ave Ste 115, Cheyenne, WY 82001**, voluntarily consented to serve as the registered agent for **Spectrum Events, LLC** and has certified they are in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

I have obtained a signed and dated statement by the registered agent in which they voluntarily consent to appointment for this entity.

Signature:	<u>Jasmine James</u>	Date: 10/15/2021
Print Name:	Jasmine James	
Title:	Organizer	
Email:	tax@wyomingcompany.com	
Daytime Phone #:	(307) 632-3333	

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION

Spectrum Events, LLC

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **15th** day of **October, 2021** at **8:29 AM**.

Remainder intentionally left blank.



Filed Date: 10/15/2021

Edward A. Buchanan

Secretary of State

Filed Online By:

Jasmine James

on 10/15/2021