

P24000049954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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REGISTRATION SERVICE
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 08/01/2024

Acc#I20160000072

mic DW

| | |
|-------------|-----------------------------------|
| Name: | Spectrum Technical Services, Inc. |
| Document #: | |
| Order #: | 15790288 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

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TALLAHASSEE, FL

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| | | |
|---|--|---|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> | Email Address for Annual Report Notifications: <div></div> |
| | Plain: <input type="checkbox"/> | |
| | COGS: <input type="checkbox"/> | |

| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ **128.75**

Thank you!

COVER LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Spectrum Technical Services, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

| | |
|--|----------|
| Certificate of Domestication | \$ 50.00 |
| Articles of Incorporation and Certified Copy | \$ 78.75 |
| Total to domesticate and file | \$128.75 |

OPTIONAL:

Certificate of Status \$ 8.75

Katherine Martino, HMB Legal Counsel

Name (printed or typed)

500 West Madison, Suite 3700

Address

Chicago, IL 60661

City, State & Zip

312-281-1101

Daytime Telephone Number

kmartino@ktslaw.com

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

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CLERK OF COURT
TALLAHASSEE, FL

CERTIFICATE OF DOMESTICATION

The undersigned, Cathi Conger President
(Name) (Title)

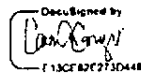
of Spectrum Technical Services, Inc. a foreign corporation.
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was July 17, 2009.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Illinois.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Spectrum Technical Services, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Spectrum Technical Services, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Illinois.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President of Spectrum Technical Services, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 15th day of July, 2024.

DocuSigned by

13CF827273D448

(Authorized Signature)

Cathi Conger

Filing Fee:

| | |
|--|----------|
| Certificate of Domestication | \$ 50.00 |
| Articles of Incorporation and Certified Copy | \$ 78.75 |
| Total to domesticate and file | \$128.75 |

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Spectrum Technical Services, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

53 Arum Ct., Saint Augustine, Florida 32095

53 Arum Ct., Saint Augustine, Florida 32095

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To engage in any lawful act or activity for which corporations may be formed under the Florida Business Corporations Act.

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE IV SHARES 1000
THE NUMBER OF SHARES OF STOCK IS: _____

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS
THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name
Cathi Conger, President and Director

520 8th Avenue, South Wilmington, IL 60474

Title/Name
Eric Conger, Secretary and Director

53 Arum Ct., Saint Augustine, Florida 32095

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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CLERK OF DISTRICT COURT
SARASOTA, FL

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Eric Conger

53 Arum Ct.

Saint Augustine, Florida 32095

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:


Cathi Conger

520 8th Avenue

South Wilmington, IL 60474

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FL

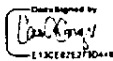
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.


ERIC CONGER

Signature/Registered Agent Eric Conger

July 15, 2024

Date


CATHI CONGER

Signature/Incorporator Cathi Conger

July 15, 2024

Date