

103000045594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

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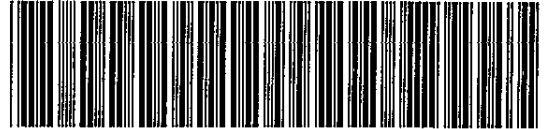
Certificates of Status

Special Instructions to Filing Officer:

11/14 FL LC

CC

Office Use Only



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TALLAHASSEE, FLORIDA

03 NOV 14 PM 5:43

FILED



83 Speen Street, Second Floor, Natick, MA 01760-4168
Tel: (508) 647 1051 Fax: (508) 647 9367
delaware@com-exp.com

November 12, 2003

Florida Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Neuralworld Trading House LLC

Dear Sir or Madam:

Attached you will find the Articles of Organization (in duplicate) for the above named entity:

- ❖ **File Articles of Organization (\$125)**
- ❖ **Certify copy of Articles of Organization (\$30)**
- ❖ **Apostille (Italy) Articles of Incorporation (\$10)**

You will find enclosed two company checks in the amounts of **\$155 & \$10** to cover the filing process.

I would like the completed documents to be returned to the address above via **UPS using the attached pre-printed airbill**. If there is not a label attached – please use account number 2AE822.

Should you require further assistance please contact me at (508) 647-1051. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Joan M. Lucier".

Joan M. Lucier
Operations Manager
Company Express (Delaware), Ltd.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Neuralworld Trading House LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
c/o Company Express (Delaware) Ltd., 83 Speen Street 2nd Floor
Natick MA 01760-4168

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Company Express (Delaware) Limited, Inc.

Name

1195 Lynridge Ln NE

Florida street address (P.O. Box **NOT** acceptable)

Palm Bay

FL 31907-2254

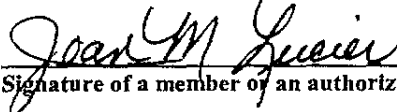
City, State, and Zip

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 608, F.S.



Registered Agent's Signature

(An additional article must be added if an effective date is requested)



Signature of a member of an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joan M Lucier

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA