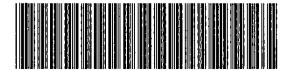
# L1300017026

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	•
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·	·	

Office Use Only

MAR 06 LULL B. KOHR



100244072631

01/28/13--01009--017 \*\*130.00



TO:

Registration Section **Division of Corporations** 

Nereus Internation Environmental Legal Consultants SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## Joseph Freedman

Name of Person

Nereus IEL Consultants

Firm/Company

8345 NW 66th St. #A5174

Address

Miami, FL 33166

City/State and Zip Code

josefree@yahoo.com

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

For further information concerning this matter, please call:

## Joseph Freedman

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee - ■\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

**Mailing Address** 

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

Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

nereus internation	nal Environmental Legal Consultan	its, LLC
· · · · · · · · · · · · · · · · · · ·	<u> </u>	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II	- Address	•
		the principal office of the Limited Liability Company is
Principal Offi	ico Address:	Mailing Address:
150	Rlud 1400	Maining Address.
<del>9480</del> So. Dadelar	nd Avt; Suite 600-	8345 NW 66th Street, #5174
Miami, FL 33156		Miami, FL 33166
<del></del>	<del></del>	·
The name and	9150 Blvd. 9400 So. Dadeland Aves, Su Florida str	Name  State 600 1400  reet address (P.O. Box NOT acceptable)
liability coi registered ag	named as registered agent at mpany at the place designate gent and agree to act in this c relating to the proper and co	nd to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as capacity. I further agree to comply with the provisions a simplete performance of my duties, and I am familiar with a registered agent as provided for in Chapter 608, F.S.

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

		Joseph Freedman	
MGR		8345 NW 66th St. #5175	
		Miami, FL 33166	
		, ;	
		<u> </u>	
•		<u></u>	
	•	·	
	<del></del> .		
	,	•	
		,	
Use attachn	nent if necessary)		
in w. doc.	at a dan 10 ada ada a d	C. L. CCI	
ur v: ellec	clive date, il other than ti	he date of filing: (OPTION	
Yaatiya dat	e is nsieu, the tate mu	est be specific and cannot be more than five busing	
<b>Tective date</b>	ofter the date of filing		
<b>Tective date</b>	after the date of filing.)		
<b>Tective date</b>	after the date of filing.)		
Yective date or 90 days :	after the date of filing.)  D SIGNATURE:		
Yective date or 90 days :			

constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

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)