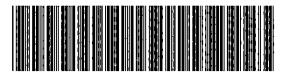
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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
(Document Number)
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03/11/14--01024--003 **160.00 Effective Date 3/5/14

MAR 1 3 2013 T. HAMPTON

COVER LETTER

	of Corporations	•	•
SUBJECT: Mer	curius - Strategic Consulting		
	Name of Lir	nited Liability Company	
The enclosed Artic	cles of Organization and fee(s) a	re submitted for filing.	
Please return all co	orrespondence concerning this m	natter to the following:	
Philip	Raymond Thieler		
		Name of Person	
Merci	urius - Strategic Consulting		
		Firm/Company	
1724	SW 49th Lane		
		Address	
Cape	Coral, Florida 33914		
	(City/State and Zip Code	
mercuriussti	ratconsulting@gmail.com	ed for future annual report notifica	vion
	E-man address: (to be use	ia for future annual report notifica	ation)
For further inform	ation concerning this matter, ple	ase call:	
Philip Raymond	Thieler at (at (at (at (857) 225 5512	
	Name of Person		lephone Number
Enclosed is a chec	k for the following amount:		
☐ \$125.00 Filing Fe	e \$\int\$\$\\$\$130.00 \text{ 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	Street/Courier Add	ress

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

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

Effective Date 3 | 5 | 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Mercurius - Strategic Consulting, L.L.C., (Must end with the words "Limited I	ishility Company "I I C " or "I	IC")	
(widst clid with the words Elimited E	nationity Company, E.E.C., or E	DC.)	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Compa	ny is:	
Principal Office Address:	Mailing Address:		
1724 SW 49th Lane Cape Coral, Florida	Same		
33914			
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered as	egistered Agent. You must design)	ate an indivi	dual or
Philip Raymond Thieler			
Name			
1724 SW 49th Lane			
Florida street address (P.O. Box)	NOT acceptable)		
	·		
Cape Coral City	FL 33914 Zip		
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging Chapter	the appointment as registered agen fall statutes relating to the proper of	t and agree t and complete	o act in this performance
Registered Agent's Signatu	rre (REQUIRED)	701 TAI	
(CONTINUE	D)	SECRETAR TALLAHASS	一
Page 1 of 2		SECRETARY OF STATE TALLAHASSEE, FLORIDA	

<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:	
"MGR" = Manager MGR		Philip Raymond Thieler	
War		1724 SW 49th Lane	
		Cape Coral, Florida, 33914	
			
			
			
			
(Use attachment if neces	sary)		
ective date is listed, the of filing.)	date must be specific	and cannot be more than five business days	prior to or 90
ective date is listed, the of filing.) E VI: Other provisions, i	date must be specific a	and cannot be more than five business days	prior to or 90
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