L14000144540

(Re	equestor's Name)	
(Ad	ldress)	
(A d	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(0.0	iomoco znaty nam	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	DED 4 3 554	,
	SEP 1 6 201	
	A. LUNT	

Office Use Only



500263478935

09/08/14--01044--014 **130.00

2814 SEP -8 FH 1:23

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: NEXTUS GLOBAL LLC Name of Lin	mited Liability Company		
The en	closed Articles of Organization and fee(s) a	re submitted for filing.		
Please	return all correspondence concerning this m	natter to the following:		
	STEFANIA BAU			
		Name of Person		
		Firm/Company	<u> </u>	
	2796 OAK RIDGE RD W		किन्द्र र सिद्धा । किन्द्र सिक्स	SEP -
		Address	(1) - (1) -	- Co [
	TALLAHASSEE, FL 32305		<u> </u>	
0.		City/State and Zip Code	tin fri	(A)
<u>5</u>	TEFY.BAU@GMAIL.COM E-mail address: (to be use	d for future annual report notificat	tion)	
For fur	ther information concerning this matter, ple	ase call:		
STEF	Y BAU at (310) 600.2942 Area Code Daytime Tele	ephone Number	
	Name of Ferson	Area Code Daytime Tell	ephone Number	
Enclos	ed is a check for the following amount:			
□ \$125.0	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 end	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NEXTUS GLOBAL LLC		
	ed Liability Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address:		
The mailing address and street address of the principal	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2796 OAK RIDGE RD W TALLAHASSEE, FL 32305	SAME	<u> </u>
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration. The name and the Florida street address of the registere STEFANIA BAU	m Registered Agent. You must designate an indiction.)	vidoal or
Nam	ne y	7. No.
2796 OAK RIDGE RD W	\$D	G D
Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)	
TALLAHSSEE	FL 32305	
City	Zip	
Having been named as registered agent and to accept so the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the or	ept the appointment as registered agent and agree is of all statutes relating to the proper and comple	e to act in this ete performance

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each	person authorized to manage and control the Limited Liability Company:	
<u>Title:</u> "AMBR" = Authorized Memb "MGR" = Manager	Name and Address:	
AMBR	STEFANIA BAU	
	2796 OAK RIDGE RD W	
	TALLAHASSEE, FL 32305	
AMBR	DANIELA BAU	
·	VIA C.PORTA 5	
	22078 TURATE (CO) - ITALY	ង ១
	22078 TURATE (CO) - ITALY	;
<u>AMBR</u>	AIC VAI VII LIGOTIAC 35. 1	a - T
		77 3 70
	20040 BOHGO HONO (NO) - HALT FRY	င်္
	ਦਾ ਹੈ। ਜਾਜੂ ਦਾ ਵੀ ਗੁਜ਼	do T
		3.
	-4.3	ι.
	<u>때 대</u> 	派
(Use attachment if necessary)	च्या । स्वा ११ - २०	€9 €9
	n the date of filing: <u>SEPTEMBER 1ST, 2014</u> . (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 or	days after
ARTICLE VI: Other provisions, if any.		
	LLOW: STEFANIA BAU 80%, DANIELA BAU 10%, GIOVANNI LIGU	JRG(
TECHNOLOGY COMPAN	y & DISTRIBUTION COMPANY	
REQUIRED SIGNATURE:		
(In accordance with constitutes an affirm lam aware that any	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. alse information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.)	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

STEFANIA BAU

ARTICLE IV-