LIUMONIAISA

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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

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TO: Registratio Division of	n Section Corporations				
SUBJECT: <u>NeuX</u>		nited Liability Company			
	s of Organization and fee(s) a	-			
Scott M	espondence concerning this m inniear	atter to the following:			
		Name of Person		_	
<u>NeuX T</u>	echnologies, LLC.			-	
		Firm/Company			
524 Dat	ura Street, Suite 205				
		Address	 3	201/	
<u>West Pa</u>	alm Beach, Florida 33401		ر ایار حرح ایار ایار	2014 OCT	7
	C	ity/State and Zip Code	102	130	7
scottm@neuxt	ec.com E-mail address: (to be use	d for future annual report notifica	tion) 연소	•	ń
For further information	on concerning this matter, plea	·	FLORID	AM IO: 13	percen
Scott Minniear	at (.	435) 655-5589		, ω	
	me of Person		lephone Number		
Enclosed is a check f	or 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 of Certified Copy (additional copy is enclosed)		
<u>Ma</u>	niling Address	Street/Courier Addi	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

NeuX Technologies, LLC.		
(Must end wit	h the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street addr	ess of the principa	office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
524 Datura Street		524 Datura Street
Suite 205		524 Datura Street Suite 205
Suite 205 West Palm Beach, FL 33401 ARTICLE III - Registered Agent. The Limited Liability Company ca	, Registered Officenot serve as its o	Suite 205 West Palm Beach, FL 33401 ee, & Registered Agent's Signature: wn Registered Agent. You must designate an individ
Suite 205 West Palm Beach, FL 33401 ARTICLE III - Registered Agent The Limited Liability Company ca	, Registered Office nnot serve as its of ve Florida registra	Suite 205 West Palm Beach, FL 33401 ee, & Registered Agent's Signature: wn Registered Agent. You must designate an individuation.)
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ny at nce Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page t of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Scott Minniear
	377 Palmetto Street
	West Palm Beach, FL 33405
	
	
(Use attachment if necessary) EV: Effective date, if other than the datective date is listed, the date must be soffling.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
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