

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000036685 3)))



H15000036685ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
LAMUS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$125.00

RECEIVED  
15 FEB 17 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

15 FEB 12 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu    Corporate Filing Menu

FEB 18 2015  
1:00 PM  
Help

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LAMUS LLC**

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:

Abby Schepens

Name of Person

CT Corporation

Firm/Company

2875 Michelle Dr., Suite 100

Address

Irvine, CA 92606

City/State and Zip Code

jbaum@avenir-law.com

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

For further information concerning this matter, please call:

Abby Schepens

Name of Person

at ( 949 ) 743-8105

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

850-617-6381

2/16/2015 7:34:05 AM PAGE 1/001 FAX Server



February 16, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: LAMUS LLC  
REF: W15000010745

NOT RECORDED  
DATE: 2/17/2015  
TIME: 10:10 AM  
OFFICE OF SUBMISSION 2/12

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

FAX Aud. #: H15000036685  
Letter Number: 515A00003063

RECEIVED  
15 FEB 17 AM 10:00  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION  
OF  
LAMUS LLC

ARTICLE 1: The name of the limited liability company is "LAMUS LLC" (the "Company").

ARTICLE 2: The mailing address and street address of the principal office of the Company is c/o CMC Corporate Management Consulting AG, Zollstrasse 16, FL-9494 Schaan, Lichtenstein.

ARTICLE 3: The name and the Florida street address of the registered agent of the Company are CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

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 605, F.S..

CT CORPORATION SYSTEM

By: 

ARTICLE 4: The name and address of each person authorized to manage and control the Company is Mr. Oliver Hemmer, c/o CMC Corporate Management Consulting AG, Zollstrasse 16, FL-9494 Schaan, Lichtenstein who serves as the Manager of the Company.

ARTICLE 5: The effective date of this filing is February 11, 2015.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Executed this 16<sup>th</sup> day of February 2015.

By: 

Jonathan Baum  
(Authorized Representative)

FILED  
15 FEB 12 PM 1: 06  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE