## L18000 096 256

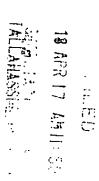
(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



800311995918

04/17/18--01026--002 \*\*130.00



(1)

D O'KEEFE
APR 1 9 2010

## COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC"	Cervus LLC.	
SUBJEC		e of Limited Liability Company
The enclo	sed Articles of Organization and f	ee(s) are submitted for filing.
Please reti	urn all correspondence concerning	this matter to the following:
,	David Zilberman	
		Name of Person
	MLD Mortgage Inc.	
		Firm/Company
	30B Vreeland Road	
		Address
	Florham Park New Jersey, 079.	32
	governmentcompliance@themor	City/State and Zip Code
	<del></del>	be used for future annual report notification)
For further	information concerning this matte	r, please call:
	Shan Koyas	973 295 - 3599
	Name of Person	_at ()
Fuctored	is a check for the following amou	nt:
S125.00 F	, and the second	See & \$155.00 Filing Fee & \$160.00 Filing Fee,
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	101	LT I	ا ـ ا	۲o	Me

The name of the Limited Liability Company is:

Ceryus LLC.

(Must contain the words "Limited 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:

B Valland Road

Malliog Address:

Hochen Box 113 07932

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or snother business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

W. Bradley Munroe, Esquire

Name

239 East Virginia Street

Floride street address (P.O. Box NOT acceptable)

Talkahassee, FL 32301

City

Stern

Ζip

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 stanues relating to the proper and complete performance of my divides, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agents Signature (REQUIRED)

(CONTINUED)

**6**0

Title: "AMBR" = Authorized Member	Name and Address;
"MGR" = Manager	
AMBR	Lawrence Dear 14679 Barletta Way Delray Beach, Florida 33446
(Use attachment if necessary)	
F.V: Effective date, if other than the di	ate of filing: (OPTIONAL)
E.V: Effective date, if other than the diective date is listed, the date must be	ite of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
of filing.)	specific and cannot be more than five business days prior to or 90 d
of filing.) `the date inserted in this block does no	t meet the applicable statutory filing requirements, this date will not b
of filing.) The date inserted in this block does no ment's effective date on the Departme	t meet the applicable statutory filing requirements, this date will not b
of filing.) The date inserted in this block does no ment's effective date on the Departme	t meet the applicable statutory filing requirements, this date will not b
of filing.) The date inserted in this block does no ment's effective date on the Departme	t meet the applicable statutory filing requirements, this date will not b
of filing.) The date inserted in this block does no ment's effective date on the Departme	t meet the applicable statutory filing requirements, this date will not b
of filing.) If the date inserted in this block does no iment's effective date on the Departme	t meet the applicable statutory filing requirements, this date will not b
of filing.) If the date inserted in this block does not ment's effective date on the Departme  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a  This document is exe I am aware that any faconstitutes a third deg	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes, this information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
of filing.) If the date inserted in this block does not ment's effective date on the Departme  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a  This document is exe I am aware that any faconstitutes a third deg	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes, this information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
of filing.) If the date inserted in this block does not ment's effective date on the Departme  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a  This document is exe I am aware that any faconstitutes a third deg	number or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes. ilse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
of filing.) If the date inserted in this block does not ment's effective date on the Departme  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a  This document is exe I am aware that any faconstitutes a third deg	member or an authorized representative of a member.  cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.  Typed or printed name of signee
The date inserted in this block does no ment's effective date on the Department. EVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a This document is exell am aware that any fit constitutes a third deg   Lawren Signature of	member or an authorized representative of a member.  cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.  Typed or printed name of signee
of filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a This document is exell am aware that any fit constitutes a third deg the constitutes a third degree of S 30.00 Certified Copy (Optional).	member or an authorized representative of a member.  cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.  Typed or printed name of signee
of filing.) If the date inserted in this block does not the date inserted in the block does not the Department. It is effective date on the Department. It is effective date on the Department. It is expected a signature of a signatu	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes. disc information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.  C. D. C.  Typed or printed name of signee  Filing Fees:  Drganization and Designation of Registered Agent

ARTICLE IV-