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(Requestor's Name)

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(City/State/Zip/Phone #)

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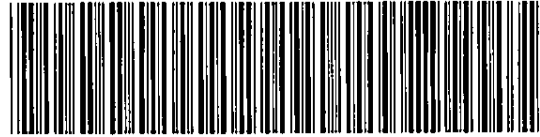
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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ALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NEUROFUSION, LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

Signature

Requested by:

Name

Date

Time

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Will Pick Up

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TALLAHASSEE, FL  
CLERK OF COURT

**ARTICLES OF ORGANIZATION  
OF  
Neurofusion, LLC**

The undersigned, acting as the organizer of a limited liability company to be formed under the Florida Revised Limited Liability Company Act, as amended (the "Act"), hereby forms a Florida limited liability company (this "Company") pursuant to the Act and hereby sets forth the following Articles of Organization (these "Articles"):

**ARTICLE I**

Name

The name of this Company shall be Neurofusion, LLC

**ARTICLE II**

Place of Business

The principal place of business of this Company shall be 41 Floral Ave., Key West, FL 33040, and the mailing address of this Company shall be 41 Floral Ave., Key West, FL 33040, and such other place or places as may be designated by the manager from time to time.

**ARTICLE III**

Registered Agent and Office

The initial registered agent for this Company shall be Erica H. Sterling, Esq. and the address of the Registered Agent for service of process shall be 500 Fleming Street, Key West, FL 33040.

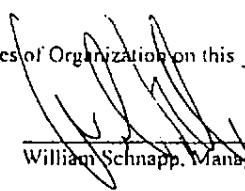
**ARTICLE IV**

Management of Business

The Company shall be manager-managed. The initial Managers of the Company shall be:

William Schnapp  
41 Floral Ave.  
Key West, FL 33040

The undersigned has executed these Articles of Organization on this 18<sup>th</sup> day of March, 2024.

  
\_\_\_\_\_  
William Schnapp, Manager

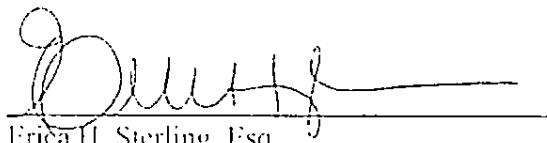
**Prepared By:**  
Erica H. Sterling, Esq.  
Spottswood, Spottswood,  
Spottswood & Sterling, PLLC  
500 Fleming Street  
Key West, FL 33040  
(305) 294-9556  
Bar #0519049

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**CERTIFICATE OF DESIGNATION**  
**AND ACCEPTANCE OF REGISTERED AGENT**  
**(Neurofusion, LLC)**

The undersigned, having been named Registered Agent and designated to accept service of process for the above-stated Company, at 500 Fleming Street, Key West, FL 33040, hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of the duties hereunder.

Dated this 15<sup>th</sup> day of March, 2024

  
Erica H. Sterling, Esq.

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HALL COUNTY CLERK  
FLORIDA

Prepared By:  
Erica H. Sterling, Esq.  
Spottswood, Spottswood,  
Spottswood & Sterling, PLLC  
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