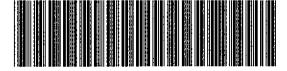
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: NEURS, LLC Name of Limited Liability Company |
| ivaine of Limited Liability Company |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. |
| Please return all correspondence concerning this matter to the following: |
| Francisco J. Codina Name of Person |
| Name of Person |
| NEURS, LLC |
| Firm/Company |
| 8181 NW 36 Street, #27B |
| Doral, FL 33166 City/State and Zip Code heck 81816 msn. com E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Harlan Beck at (305) 471-7761 Name of Person Area Code & Daytime Telephone Number |
| MALLING ADDRESS: Division of Corporations Registration Section O. Box 6327 Clifton Building Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: \$125.00 Filing Fee \(\text{Certificate of Status} \) \$\text{S125.00 Filing Fee} \(\text{Certified Copy} \) \$\text{S160.00 Filing Fee, Certificate of Status} \) \$\text{Certified Copy} \) |

'APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
|---|
| 1. NEURS, LZC (Name of Foreign Limited Hability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| (If name—available, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent 0, the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.") |
| 2 Delaware 3 27-2911124 |
| 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-29/1/24 (FEI number, if applicable) |
| 4. June 8, 2010 (Date of Organization) 5. Perpetual (Duration: Year limited hability company will cease to exist or "perpetual") |
| 6. As of yet no business transacted in Florida in Content transacted business in Florida, it prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. 341 Raven Circle |
| Wyuming, Delaware 19934 (Street Address of Principal Office) |
| 8. If limited liability company is a manager-managed company, check here |
| |
| 9. The name and usual business addresses of the managing members or managers are as follows: |
| Francisco J. Codina BA 8 |
| 2300 West 84th Street Suite 204 |
| Hialeuh FL 33016 |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) |
| 11. Nature of business or purposes to be conducted or promoted in Florida: Professional Education Services |
| X |
| Signature of a member or an authorized representative of a member, |
| (In accordance with section 608.408(3), F.S., 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.) |
| Francisco J. Codina |
| Typed or printed name of signee |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: NEURS, LLC | · | |
|--|-------------|----|
| If unavailable, the alternate to be used in the state of Florida is: | • | |
| 2. The name and the Florida street address of the registered agent and office are: | | |
| Francisco J. Codina | 201 | |
| 2300 West 84 Street Suite 204 | 1913 DEC -6 | FI |
| Hialeuh FL FL 33016 City/State/Zip | PM 1: 00 | |
| 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 608, Florida | | |

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

(Signature)

Statutes.

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NEURS, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW,

AS OF THE FIFTEENTH DAY OF NOVEMBER, A.D. 2013.

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131306655

AUTHENTY CATION: 0898757

DATE: 11-15-13

You may verify this certificate online at corp.delaware.gov/authver.shtml