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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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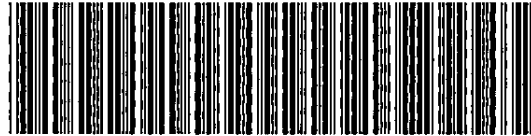
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Shivers OCT 29 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2014

NOEL ESCOBAR II
11159 59TH ST N
WEST PALM BEACH, FL 33411

SUBJECT: NEARIX, LLC
Ref. Number: W14000061255

We have received your document for NEARIX, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00021473

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. NEARIX, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. US VIRGIN ISLANDS

3. 66-0804789

(Jurisdiction under the law of which foreign limited liability
company is organized)

(FEI number, if applicable)

4. 10-01-2014

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. ~~PO BOX 2000~~ William D roebuck Industrial Park

~~KINGSHILL, VI US 00851~~ Bldg 2 Suite 1 Frederiksted, VI 00851

(Street Address of Principal Office)

6. 11825 ROYAL PALM BLVD SUITE 201

CORAL SPRINGS, FL US 33065

(Mailing Address)

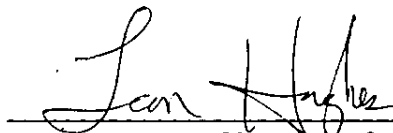
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

LEON HUGHES, PRESIDENT

PO BOX 2000

KINGSHILL, VI US 00851

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

LEON HUGHES

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

NEARIX, 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:

THE TALLY CONSULTING GROUP INC

(Name)

11159 59TH STREET N

Florida Street Address (P.O. Box NOT ACCEPTABLE)

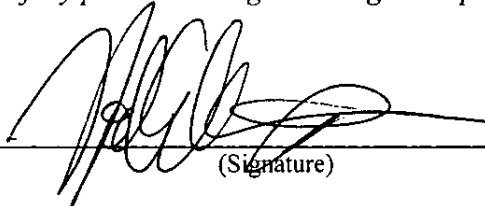
WEST PALM BEACH

FL 33411

City/State/Zip

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TALLAHASSEE, FLORIDA

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, Florida Statutes.



(Signature)

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

GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

-O-
CHARLOTTE AMALIE, ST. THOMAS, VI 00802

OFFICE OF THE LIEUTENANT GOVERNOR

CERTIFICATE OF EXISTENCE

To Whom These Presents Shall Come:

I, **GREGORY R. FRANCIS**, Lieutenant Governor of the Virgin Islands, do hereby certify:

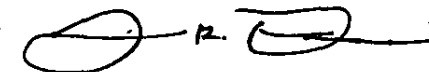
That **NEARIX, LLC** filed Articles of Organization with the Office of the Lieutenant Governor on **June 3, 2013** and the Company is duly organized under the laws of the United States Virgin Islands;

That the duration of this Limited Liability Company is perpetual;

That the company has paid all applicable fees to date; and

That Articles of Termination have not been filed by the company.

In Witness Whereof, I have hereunto set my hand and affix the seal of the Government of the United States Virgin Islands, at Charlotte Amalie, this 23rd day of September, A.D. 2014.



GREGORY R. FRANCIS
Lieutenant Governor of the Virgin Islands



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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THE GOVERNMENT OF THE VIRGIN ISLANDS
DEPARTMENT OF LICENSING AND CONSUMER AFFAIRS
BUSINESS LICENSE

KNOW ALL BY THIS PRESENT

That, in accordance with the applicable provisions of Title 3 Chapter 16 and Title 27 V.I.C. relating to the licensing of businesses and occupations, and compliance having been made with the provisions of 10 V.I.C. Sec. 41 relating to the Civil Rights Act of the Virgin Islands, the following license is hereby granted.

Licensee: NEARIX, LLC	
Trade Name: NEARIX, LLC	
Mailing Address	Physical Address
P O BOX 6347 CHARLOTTE AMALIE ST. THOMAS VI 00804	5093 DRONNINGENS GADE SUITE 1 CHARLOTTE AMALIE ST. THOMAS VI 00802
Business No: 23914	License No: 1-23914-1L
Types of License(s) Business & Management Consulting	

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SECRETARY OF S
TALLAHASSEE, FLORIDA

As provided by law, the authorized licensing authority shall have the power to revoke or suspend any license issued hereunder, upon finding, after notice and adequate hearing, that such revocation or suspension is in the public interest; provided, that any persons aggrieved by any such decision of this office shall be entitled to a review of the same by the Territorial Court upon appeal made within (30) days from the date of the decision; provided, further, that all decisions of this office hereunder shall be final except upon specific findings by the Court that the same was arrived at by fraud or illegal means.

2014

If a renewal is desired, the holder is responsible for making application for same without any notice from this office. It is the responsibility of the Licensee to notify the Department in writing within (30) days, when a license is to be cancelled or placed in inactive status. Failure to do so will result in the assessment of penalties as authorized by law.

Valid from 06/01/2014 until 06/30/2015
Printed on 09/24/2014
Issued at St. Thomas, V.I.
Fee 390.00

Commissioner, Department of Licensing and Consumer Affairs

THIS LICENSE MUST BE PROMINENTLY DISPLAYED AT PLACE OF BUSINESS