(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
- Cp-0.50.		

Office Use Only



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07/13/12--01027--005 **12500

Effective Date 7/18/12

JUL 18 2012 T. HAMPTON

COVER LETTER

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TO:

Registration Section

Division of Corporations
SUBJECT: 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:
Shaun E Fuler Name of Person
Never Softied
3590 Mariberry Lane
Miramar F1 33025
City/State and Zip Code
For further information concerning this matter, please call:
Shaun Fullow Name of Person at (310) 525 355 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \
Mailing Address Registration Section Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



12 JUL 17 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2012

SHAUN E FULLER 3590 MARLBERRY LN MIRAMAR, FL 33025

SUBJECT: NEVER SATISFIED, LLC

Ref. Number: W12000037516

We have received your document for NEVER SATISFIED, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 212A00018860

Effective Date 7/18/12

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITTED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company	y is:
Neva Satisfied, LLC	
(Must end with the words "Limited l	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is
The maining address and sheet address of th	ic principal office of the Emilieu Elability Company is
Principal Office Address:	Mailing Address:
3590 Marlberry Lane	3590 MArlberry Lane
Miramar, FL 33025	Miramar, FI 33025
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of t	the registered agent are:
Shaun Fuller	

Name

3590 Marlberry Lane

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

Miramar

FL 33025

City, State, and Zip

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	
MGRM	Sheree De PAss 3590 Marlberry Lane Miramar, Fl 33025
MGR	SHAUN FUILT 3590 Mariberry La Miramar, FL 33035
(Use attachment if necessary)	
CLE V: Effective date, if other than the deffective date is listed, the date must be selfond days after the date of filing.)	ate of filing: 07/18/2012 . (OPTIONAL specific and cannot be more than five business days

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), 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.)

Shaun Fuller

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2

12 JUL 17 AMII: 21