

L040000497 26

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

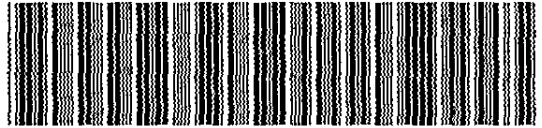
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500037503585

06/28/04--01018--019 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 28 PM 3:37

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Never The Hero, LLC
(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:

Matthew Cox
(Name of Person)

(Firm/Company)

2500 Lee Road, Unit 217
(Address)

Winter Park, FL 32789
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Cox at (618) 593 - 6418
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 28 PM 3:37

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Never The Hero, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Never The Hero, LLC

2500 Lee Road, Unit 217

Winter Park, FL 32789

Mailing Address:

Never The Hero, LLC

Post Office Box 5604

Winter Park, FL 32793 - 5604

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Matthew Cox

Name

2500 Lee Road, Unit 217

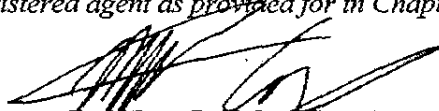
Florida street address (P.O. Box **NOT** acceptable)

Winter Park

FLORIDA 32789

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, Florida Statutes..



Registered Agent's Signature

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 28 PM 1:11

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Matthew Cox

P.O. Box 5604

Winter Park, FL 32793-5604

MGRM

Brad Livesay

P.O. Box 5604

Winter Park, FL 32793-5604

MGRM

Wade Hendry

P.O. Box 5604

Winter Park, FL 32793-5604

MGRM

Brian Aron

P.O. Box 5604

Winter Park, FL 32793-5604

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Matthew Cox

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 28 PM 3:37

ARTICLE IV – Continuation Sheet

Title:

“MGR” = Manager

“MGRM” = Managing Members

Name and Address:

MGRM

Tim Mueller

P.O. Box 5604

Winter Park, FL 32793-5604

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 28 PM 3:37