

Division of Corporations

Page 1 of 1

**L12000031488**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000057813 3)))



H120000578133ABC.

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888) 491-1120  
Fax Number : (954) 343-6962

2012 MAR -5 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: greg@ldrpartners.com

**FLORIDA LIMITED LIABILITY CO.  
NEVER PAY COVER ROTH, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**C. LEWIS**

MAR - 6 2012

**EXAMINER**

RECEIVED  
12 MAR -5 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2012 MAR -5 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
NEVER PAY COVER ROTH, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is NEVER PAY COVER ROTH, LLC.

**ARTICLE II - Duration:**

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

**ARTICLE III - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 17703 Lomond Court, Boca Raton, Florida 33496.

**ARTICLE IV - Registered Agent:**

The name and address of the initial registered agent for this Limited Liability Company is Greg Roth, 17703 Lomond Court, Boca Raton, Florida 33496.

**ARTICLE V - Management:**

The Limited Liability Company is to be managed by a manager(s). The name and address of the initial manager who is to serve as manager of the Company is:

Greg Roth 17703 Lomond Court, Boca Raton, Florida 33496.

Whereof, the undersigned authorized representative of the member has executed these Articles the 2nd day of March, 2012.

  
\_\_\_\_\_  
Greg Roth  
Authorized Representative of Member

**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

NEVER PAY COVER ROTH, LLC

2. The name and address of the registered agent and office is:

Greg Roth, 17703 Lomond Court, Boca Raton, Florida 33496

*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.*

By:   
\_\_\_\_\_  
Greg Roth, Registered Agent

Date: 3/2/2012

2012 MAR -5 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED