

L14 000078450

Division of Corporations

2014/05/14 13:38:33 /6

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : AKERMAN LLP - TAMPA  
Account Number : 120000000249  
Phone : (813) 223-7333  
Fax Number : (813) 223-2837

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FLORIDA LIMITED LIABILITY CO.  
NEVERMORE INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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I. Burch MAY 15 2014

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5/13/2014 8:20:36 AM PAGE 1/001 Fax Server



May 13, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AKERMAN LLP-TAMPA

SUBJECT: NEVERMORE, LLC  
REF: W14000029966

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P08000010876.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

FAX Aud. #: H14000113132  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEVERMORE INVESTMENTS, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

219 S MOODY AVE #1  
TAMPA, FL 33809

PO BOX 46167  
TAMPA, FL 33677

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

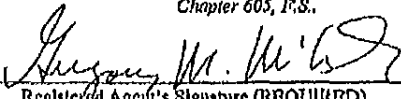
The name and the Florida street address of the registered agent are:

GREGORY M. McCOSKEY  
Name

401 E. JACKSON STREET, SUITE 1700  
Florida street address (P.O. Box NOT acceptable)

TAMPA City FL 33802 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 605, F.S.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:  
"AMBR" = Authorized Member  
"MGR" = Manager  
MGR

Name and Address:

GREGORY M. McCOSKEY  
PO BOX 45167  
TAMPA, FL 33677

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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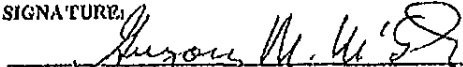
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MAY 9, 2014 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

GREGORY McCOSKEY

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)

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