

L15000040999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

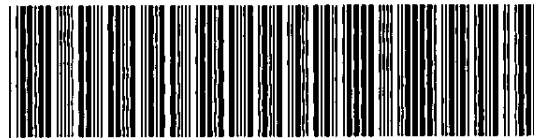
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300267692473

RECEIVED  
DEPARTMENT OF STATE  
15 MAR - 3 PM 4:22

FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
15 MAR - 3 PM 1:20

MAR - 6 2015

T. BROWN

~~116-15521~~

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 523575 4301677

AUTHORIZATION :

*Frederick A. ...*

COST LIMIT : \$ 130.00

ORDER DATE : March 3, 2015

ORDER TIME : 4:0 PM

ORDER NO. : 523575-005

CUSTOMER NO: 4301677

DOMESTIC FILING

NAME: NEXT LEVEL INVESTORS LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Camille Silva - EXT. 62062

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEXT LEVEL INVESTORS 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:

Lawrence B. Simon

Name of Person

Morrison Cohen LLP

Firm/Company

909 Third Avenue

Address

New York, New York 10022

City/State and Zip Code

lsimon@morrisoncohen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence Simon

212

735-8608

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2015

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

SUBJECT: NEXT LEVEL INVESTORS LLC  
Ref. Number: W15000015521

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for NEXT LEVEL INVESTORS LLC and the authorization to debit your account in the amount of \$130.00. However, the document has not been filed and is being returned for the following:

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return 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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 015A00004437

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 MAR -5 AM 10:55  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Next Level Investors 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:

c/o Morrison Cohen LLP  
909 Third Avenue, 27th Floor  
New York, NY 10022

c/o Morrison Cohen LLP  
909 Third Avenue, 27th Floor  
New York, NY 10022

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

City

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.*

Corporation Service Company

By: 

Registered Agent's Signature (REQUIRED)

**Courtney Williams**  
**Asst. Vice President**

(CONTINUED)

FILED  
16 MAR -3 PM 1:20  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Authorized Person

**Name and Address:**

Lawrence Simon c/o Morrison Cohen LLP

909 Third Avenue, 27th Floor

New York, NY 10022

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

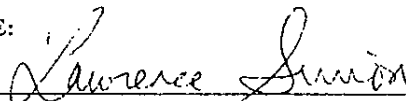
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(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.)

Lawrence Simon

\_\_\_\_\_  
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)**