## L15000077087

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	→ #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	· · · · · · · · · · · · · · · · · · ·	

Office Use Only



700271957117

04/23/15--01031--009 \*\*130.00

SLUALIA Y SI SIME ALLANASSEE FLORIBA

AFR 23 FH 12: 21

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: NEVER SAY DIE USA LLC Name of I	Limited Liability Company	
The er	nclosed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	Jeanne Weinberger	Name of Person	
	Self		
		Firm/Company	
	3720 Williams Landing Cir Apt.	1309	
	Or EO Fringing Landing Oil 11pt.	Address	
	Tompo El 22610		
	Tampa, FL 33610	City/State and Zip Code	
_n_	eversaydieusa@aol.com	sed for future annual report notifica	4*
	·	•	ition)
For fu	rther information concerning this matter, p	lease call:	
Jeans	ne Weinberger at	( 813 ) 644-4428	
.000111	Name of Person		lephone Number
Fueler	and in a shoot factor that fall accions amount.		
	sed is a check for the following amount:	<b></b>	<b>D</b>
LJ \$125.0	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	Street/Courier Addi	<u>ress</u>
	Registration Section Division of Corporations	Registration Section Division of Corporat	ions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	,
The name of the Elimited Elability Company is.	320 07 70
NEVER SAY DIE USA LLC  (Must end with the words "Limited Lin	ability Company "L.L.C." or "L.L.C."
	company, Bible, or Bible,
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	3720 Williams Landing Cir Apt. 1309 Tampa, FL 33610
ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.) The name and the Florida street address of the registered ag	gistered Agent. You must designate an individual or
	en ac.
<u>Jeanne Weinberger</u> Name	<del></del>
3720 Williams Landing Cir Apt. Florida street address (P.O. Box N	
Tampa	FL 33610
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..

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	loonno Moinhargar
WGK	Jeanne Weinberger 3720 Williams Landing Cir Apt. 1309
	Tampa, FL 33610
	1011100.112 00010
<del> </del>	
V: Effective date, if other than the	e date of filing: (OPTIONAL)
EV: Effective date, if other than the ctive date is listed, the date must filling.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ctive date is listed, the date must filling.)	
ctive date is listed, the date must filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the ctive date is listed, the date must filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90
CV: Effective date, if other than the ctive date is listed, the date must filling.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sectic constitutes an affirmation I am aware that any false)	
CV: Effective date, if other than the ctive date is listed, the date must filing.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State

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)