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NEURETARY OF STATE
ONLIAHASSEE, FLORIDA

SEP 2 1 2015 Y SULKER

W15-55796

#### **COVER LETTER**

TO:

Registration Section

Divisi	ion of Corporatio	ons					
	NEU Investments I						
BECI: _	Name of Limited Liability Company						
					ansact Business in Florida," C y company to transact busines		
se return a	all correspondence	concerning this matter to the	following:				
	Jason Wertcha	ıfter					
	Name of Person						
	NEU Investme	ents LLC					
	Firm/Company						
	6919 W Brow	ard Blvd Suite 149					
			Address				
	Plantation, FL	33317					
		City/S	tate and Zip Code				
	jw@neuinvestm	ents.biz					
		E-mail address: (to be use	d for future annual	report not	dification)		
further info	ormation concernir	ng this matter, please call:					
Jason Wertchafter			754 at (	888-59			
	Name	of Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	ADDRESS: f Corporations on Section ilding utive Center Circle e, FL 32301			
	heck for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate	



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### FLORIDA DEPARTMENT OF STATESEP 18 PH 2: 37

Division of Corporations

SECRETAICT OF STATE TALLAHASSEE, FLORIDA

August 20, 2015

JASON WERTCHAFTER 6919 W BROWARD BLVD SUITE 149 PLANTATION, FL 33317 US

SUBJECT: NEU INVESTMENTS LLC

Ref. Number: W15000055796

17 NE BOTH

1 got - NEG CENTIFICATE

We have received your document for NEU INVESTMENTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 115A00017626

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose of transa	acting business in Florida. The alternate nam	e must includ	le "Lim	ited
2. Nevada		7-4419110			
(Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable)			
company is organized)					
4	(Date first transacted business in Flor	ida, if prior to registration.)			
(010 W.B 1 D	(See sections 605.0904 & 605.0905, F.S	s. to determine penalty liability)			
5. 6919 W Broward Blvd	1#149				
Plantation, FL 33317					
	(Street Address of Principal C	Office)	,		
6. 6919 W Broward Blvd	#149				
Plantation, FL. 33317			<b>2</b> 6	댨	
	(Mailing Address)		,	33	^(th
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	IAK	5 SEP 18	E 3444 JANNAPP
Name:	Jason Wertchafter MGRM		ک⊢ٹسا⊸<		-
	6919 W Broward Blvd #149		THE COL	PΗ	
Office Address:			S TATE	ë	
	Plantation	, Florida 33317	. 87	07	
Registered agent's accep	(City)	(Zip code)			
designated in this applicate to complywith the provision	gistered agent and to accept service of pr tion, I hereby accept the appointment as ons of all statutes relative to the proper a ny position as registered agent. Jason W	registered agent and agree to act in this	s capacity.	I furth	er agree
	(Registered agen	t's signature)			
8. The name, title or capa Jason Wertchafter MGRM	acity and address of the person(s) who has	/have authority to manage is/are:	<u></u>		
	of existence, no more than 90 days old, do				
of the translator must be su	ibmitted)	Digitally signed by Jason Werschafter			
	Jason Wertch	after DN co-Jason Wertchafter, 0-NEU Investments LLC, ou, email-pi-eneuinvestments.Dzz, c-US Date 2015.09.15.11.43.33-04.00			
	Signature of an auth	norized person			
	in accordance with section 605.0203 (1) ( the Department of State constitutes a third			ation	
	Jason Wertchafter MGRM				

Typed or printed name of signee

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, NEU INVESTMENTS LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 1, 2015, and is in good standing in this state.

ALVAN

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 15, 2015.

Barbara K. Cegavske Barbara K. CEGAVSKE

Secretary of State

Electronic Certificate
Certificate Number: C20150915-0513
You may verify this electronic certificate
online at http://www.nvsos.gov/