

# L010000010097

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

300004435273--7  
-06/21/01--01059--003  
\*\*\*\*100.00 \*\*\*\*100.00

SUBJECT: Nemes & West Accountants, L.L.C.  
(Proposed limited liability company name - must include suffix)

300004435273--7  
-06/21/01--01059--004  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$10.00. Please send one check for the total amount made payable to the Florida Department of State.

FILED  
JUN 21 PM 1:00  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FROM: Elaine Poindexter  
Name (Printed or typed)  
610 Indian Rocks Rd. N. Ste 102  
Address  
Belleair Bluffs, FL 33770  
City, State & Zip  
(727) 588-0977  
Daytime Telephone number

L01-10097  
OK

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Nemes & West Accountants, L.L.C.

## ARTICLE II - Address:

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

610 Indian Rocks Rd N. Ste 102  
Belleair Bluffs, FL 33770

## ARTICLE III - Registered Agent

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

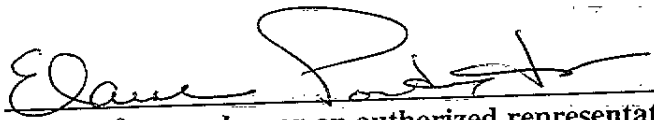
Elaine Poindexter  
610 Indian Rocks Rd N Ste 102  
Belleair Bluffs, FL 33770

## ARTICLE IV - Management:

(Check the appropriate box)

- ☐ The Limited Liability Company is to be a manager-managed company.  
☒ The Limited Liability Company is to be managed by the members.

FILED  
01 JUN 21 PM 5:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Elaine Poindexter

Typed or printed name of signee

Filing Fee: \$100.00 for Articles

## 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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Nemes & West Accountants, L.L.C.

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

Elaine Poindexter

NAME

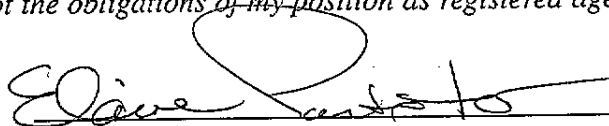
610 Indian Rocks Rd N. Ste 102

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Belleair Bluffs, FL 33770

CITY, STATE AND 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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



SIGNATURE

**Filing Fee: \$25 for Designation of Registered Agent**

**FILED**  
**01 JUN 21 PM 4:00**  
**SECRETARY OF STATE**  
**FLORIDA**