

L09000052757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

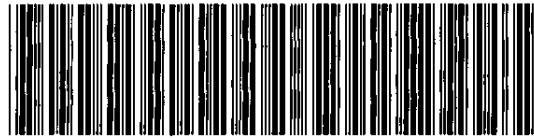
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY 32 PM 12:05

APPROVED  
AND  
FILED

S. HAWKES

MAY 08 2009

EXAMINER

1009-2826



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2009

BRYAN KEITH CLEMENTS  
PO BOX 19903  
PANAMA CITY BEACH, FL 32417

SUBJECT: CLEMENTS LLC  
Ref. Number: W09000021826

We have received your document for CLEMENTS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 009A00015804

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLEMENTS 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:

BRYAN KEITH CLEMENTS  
(Name of Person)

CLEMENTS LLC.  
(Firm/Company)

P.O. Box 19903  
(Address)

PANAMA CITY BEACH, FL. 32417  
(City/State and Zip Code)

For further information concerning this matter, please call:

GLENNDA EVANS at (850) 234-2796  
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLEMKO VISIONS L.L.C.

(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:

2603 Cypress St

PO Box 19903

P.C. Beach

PANAMA CITY BEACH, FL

32408

32417

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:

BRYAN KEDRA CLEMENTS

Name

2603 Cypress St

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

P.C. BEACH 32408

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 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 608, F.S.

Bryan K Clements  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

BRYAN Keith CLEMENTS  
2603 CYPRESS ST  
P.O. Box, FL. 32408

MAILING ADDRESS  
P.O. Box 19903  
P.O. Box, FL 32407

(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.)

**REQUIRED SIGNATURE:**



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

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

BRYAN KEITH CLEMENTS

Typed or printed name of signer

**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)