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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Outigan AUG - 9 2012

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** R. NEMANES PAINTING 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:

Robert G. NEMANES Jr  
Name of Person

R. NEMANES PAINTING LLC  
Firm/Company

2480 SHADE FARM RD  
Address

Quincy FL 32352  
City/State and Zip Code

ginny1975@TDS.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert G. NEMANES Jr at (850) 875-1965  
Name of Person Area Code & Daytime Telephone Number  
CELL (888-625)

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

R Hemmes Parting LLC

~~RECEIVED~~

~~R Hemmes~~

I have no intention to re-instate

this business name: ~~RECEIVED~~

L10000054474

Robert C. Hemann Jr.

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12 AUG -9 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B. HEMANES PAINTING 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:

2480 SHADE FARM RD  
QUINCY FL 32352

JANE

12 AUG - 9 PM 2: 12  
STATE  
OFFICE  
TALLAHASSEE  
FLORIDA

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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:

ROBERT G. HEMANES  
Name

2480 SHADE FARM RD  
Florida street address (P.O. Box NOT acceptable)  
QUINCY FL 32352  
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..

Robert G. Hemanes JR.  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGRM

Robert G. HEMANUE Jr.  
2480 Shade Farm Rd.  
Quincy FL 32351

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

(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:**

Robert G. Hemanue Jr.  
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. 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.)

Robert G. HEMANUE Jr.  
Typed or printed name of signee

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)