# L13000135601

(Requestor's Name)				
(Address)				
(Ad	Idress)			
(Cit	ty/State/Zip/Phone	<del>•</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Ві	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
	,			



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Office Use Only

W13-51195

FFFECTIVE DATE 10 01 13

SEP 2 5 2013

D. ERUCE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2013

RALPHENE M HAYNES 6955 COUNTRY LAKES CIRCLE SARASOTA, FL 34243

SUBJECT: HAYNES COMPANIES L.L.C.

Ref. Number: W13000051195

We have received your document for HAYNES COMPANIES L.L.C. and your check(s) totaling \$130.00. 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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is L05000041049 " THE HAYNES CO., LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

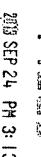
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 513A00021701

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



# **COVER LETTER**

TO: Registration Division of C					
Hav	nes Compani	es L.L.C.			
SUBJECT:		ed Liability Company	····		
The enclosed Articles	of Organization and fee(s) are	submitted for filing			
		-			
<u></u>	pondence concerning this matt	_			
Raiphe	ne M Haynes				
		Name of Person			
Haynes	s Companies	L.L.C.			
		Firm/Company			
6955 C	ountry Lakes	Circle			
		Address		**************************************	
Saraso	ta, FL 34243				S
		y/State and Zip Code	· · · · · ·		ुं ,
davidmin	dyhaynes@msn.c			<u> </u>	12
	·	for future annual report notification)		11 CO	PH
	concerning this matter, please			25	င်ာ 🖁
Mindy Hay	nes	<sub>at</sub> 941 351-8	789	<b>B</b> ILL	ယ်
Name	of Person	Area Code & Daytime Tel	ephone Numb	oer .	
Enclosed is a check f	For the following amount:				
□\$125.00 Filing Fee	S\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Stat	tus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center	ıs		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na						
The name of the L	imited Liability C	ompany is:				
.,		Hayr	es e Commerce	Comp	anı	e5, Li
(M	ust end with the words	"Limited Liability Cor	npany, "L.L.C.," or "LLC.")			,
ARTICLE II - A	ddress:					
<del>-</del>		ess of the principa	al office of the Limited Li	ability Co	mpan	y is:
Principal Office	Address:	<u>Ma</u>	iling Address:			
6955 Country Lakes	Circle	695	5 Country Lakes Circle			
Sarasota, FL 34243	<del></del>	San	asota, FL 34243	<del></del>		
(The Limited Liability C	ompany cannot serve as active Florida registration	its own Registered Agon.) ress of the registe	ce, & Registered Agent' gent. You must designate an indiv red agent are:		加a SEP 2	CONTRACTOR OF THE PROPERTY OF
Name					+	E ANTONIO
6955 Country Lakes Circle				25	PH 3:	
Florida street		rida street address (F	address (P.O. Box NOT acceptable)			<b>"海</b> 海疾"。
	Sarasota	FI.	34243	<b>35</b> -12"	ယ	
		City, State, and	l 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 10/01/13

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Ralphene M Haynes 6955 Country Lakes Circle Sarasota, FL 34243
(Use attachment if necessary)	
ARTICLE V: Effective date, if other th (If an effective date is listed, the date prior to or 90 days after the date of fill	nan the date of filing: October 1, 3013. (OPTIONAL) e must be specific and cannot be more than five business days ing.)
REQUIRED SIGNATURE:	ALL THE SE
•	member or an authorized representative of a member.
constitutes an affirmation I am aware that any false	ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State in felony as provided for in s.817.155, F.S.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Ralphene M Haynes

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Typed or printed name of signee