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J. SAULSBERRY
EXAMINER

OCT 21 2013

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Neiman Wealth Management, 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:

Tripp Vitto, Esq.

Name of Person

Saraga & Lipshy, P.A.

Firm/Company

201 N.E. First Avenue

Address

Delray Beach, Florida 33444

City/State and Zip Code

bob@bobneiman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tripp Vitto

Name of Person

at (**561**) **330-0660**

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION

OF

**NEIMAN WEALTH MANAGEMENT, LLC,
A LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles of Organization ("**Articles**"), hereby certifies that:

**ARTICLE I
Name**

The name of the limited liability company is:

"NEIMAN WEALTH MANAGEMENT, LLC"
(the "**Company**")

**ARTICLE II
Address**

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

16556 Gateway Bridge Drive
Delray Beach, Florida 33446

**ARTICLE III
Duration**

The period of duration for the Company shall be:

Perpetual

**ARTICLE IV
Purpose**

The Company's business and purpose shall consist solely of the following:

Registered Investment Advising and to engage in such other lawful activities permitted to limited liability companies by the Florida Limited Liability Company Act of the State of Florida (the "**Act**") as are incidental, necessary or appropriate to the foregoing.

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STATE OF FLORIDA

ARTICLE V
Management

The Company is to be managed by its Managing Member (the "Managing Member") and the name and address of the Managing Member is as follows:

Robert A. Neiman
16556 Gateway Bridge Drive
Delray Beach, Florida 33446

ARTICLE VI
Admission of Additional Members

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be governed by the Operating Agreement of the Company.

ARTICLE VII
Members' Rights to Continue Business

The right, if given, of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of the Managing Member or a member or the occurrence of any other event which terminates the employment of the Managing Member or the continued membership of a member in the Company shall be governed by the Operating Agreement adopted by the Members.

ARTICLE VIII
Registered Agent

The name and street address of the Registered Agent and office is:

Robert A. Neiman
16556 Gateway Bridge Drive
Delray Beach, Florida 33446

ARTICLE IX
Indemnification

The Company shall indemnify and advance expenses to the fullest extent authorized or permitted by the Act to any person made, or threatened to be made, a party to any action, suit or proceeding by reason of the fact that he or she is or was a member, manager, director or officer of the Company or is or was serving at the request of the Company as a member, director or officer of another corporation or limited liability company. Unless otherwise expressly prohibited by the Act, and

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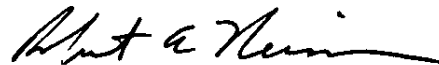
except as otherwise provided in the foregoing sentence, the members of the Company shall have the sole and exclusive discretion, on such terms and conditions as they shall determine, to indemnify, or advance expenses to, any person made, or threatened to be made, a party to any action, suit, or proceeding by reason of the fact that he or she is or was an employee or agent of the Company, or is or was serving at the request of the Company as an employee or agent of another limited liability company, corporation, partnership, joint venture, trust or other enterprise. Except for any person who is or was a member of the Company, or any person who is or was serving at the request of the Company as a director, officer or member of another company, corporation, no employee or agent of the Company may apply for indemnification or advancement of expenses to any court of competent jurisdiction.

ARTICLE X

Operating Agreement

Any and all Operating Agreements of the Company must be in writing and signed by all members.

IN WITNESS WHEREOF, I have signed these Articles of Organization of NEIMAN WEALTH MANAGEMENT, LLC, a Florida limited liability company, and acknowledge them to be my act this 2nd day of October, 2013.



Robert A. Neiman
Authorized Signatory

Signature of a member or 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.)

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NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

NEIMAN WEALTH MANAGEMENT, LLC

2. The name and address of the Registered Agent and office is:

**Robert A. Neiman
16556 Gateway Bridge Drive
Delray Beach, Florida 33446**

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TALLAHASSEE FLORIDA

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.

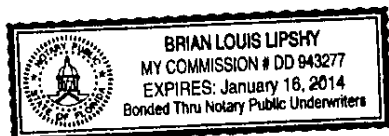

Robert A. Neiman, Registered Agent

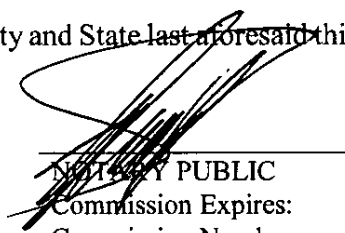
STATE OF FLORIDA }
 } ss
COUNTY OF PALM BEACH }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Robert A. Neiman, and who is personally known to me () or who did furnish his Florida Driver's License for identification, and who acknowledged executing the foregoing Designation and Acceptance as Registered Agent, freely and voluntarily for the purposes therein stated.

WITNESS my hand and official seal in the County and State last aforesaid this 2 day of October, 2013.

(Notarial Seal)





NOTARY PUBLIC
Commission Expires:
Commission Number: