

L15000093090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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L1536562

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15 MAY 27 PM 4:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

I. Burch MAY 26 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HEMIMAX, 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:

ANDREW L. BARAUSKAS, ESQ.

Name of Person
ANDREW L. BARAUSKAS, ATTORNEY AT LAW

Firm/Company
5462 CENTRAL AVENUE

Address
ST. PETERSBURG, FL 33707

City/State and Zip Code
andrew@barauskas.com

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

For further information concerning this matter, please call:

ANDREW L. BARAUSKAS 727 323-7717

Name of Person at () Daytime Telephone Number
Area Code

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)
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Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2015

ANDREW L BARAUSKAS ESQ
5462 CENTRAL AVE
ST PETERSBURG, FL 33707

SUBJECT: HEMIMAX, LLC
Ref. Number: W15000036562

We have received your document for HEMIMAX, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 315A00010923

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEMIMAX, 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:

ELIZABETH MAX
9 WOODCOCK LANE
REMSENBERG, NY 11980

Mailing Address:

ELIZABETH MAX
P.O. BOX 2017
REMSENBERG, NY 11980

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:

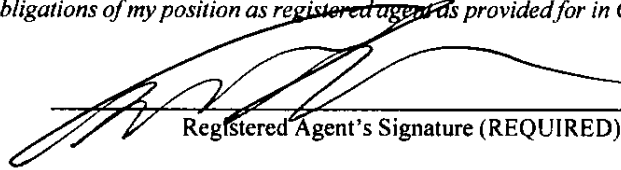
ANDREW L. BARAUSKAS, ESQ.
Name

5462 CENTRAL AVENUE
Florida street address (P.O. Box **NOT** acceptable)

ST. PETERSBURG, FL 33707
City State Zip

15 MAY 27 PM 1:59
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OFFICE OF THE CLERK OF THE COURT
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 as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Elizabeth Max, Mgr

Name and Address:

P.O. BOX 11980
REMSENBERG, NY 11980

Helen P. Bauer, Ambr

14 SOUNDBEACH DRIVE
GLEN COVE, NY 11542

Mclinda G. Edwards, A

14 SOUNDBEACH DRIVE
GLEN COVE, NY 11542

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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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

X Elizabeth Max

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

ELIZABETH MAX

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)