

Sent By: RONAL

W4000067782

8/67886040; Sep-5-0 1: 8PM Page

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

9/15 (3) FLC

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000185864 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : RONALD CUTLER  
Account Number : I20000000005  
Phone : (904)788-4480  
Fax Number : (386)788-6040

MJH

SEP 15 PM 12:14  
TALLAHASSEE FLORIDA

04 SEP 15 PM 12:14

FILED

LIMITED LIABILITY COMPANY

ALPHA HOME HEALTH CARE, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$125.00 |

RECEIVED  
04 SEP 15 PM 1:18  
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing

Public Access Help

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ALPHA HOME HEALTH CARE, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5903 Caymus Loop

Windermere, FL 34786

**Mailing Address:**

5903 Caymus Loop

Windermere, FL 34786

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

RONALD CUTLER

Name

1172 PELICAN BAY DRIVE

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

DAYTONA BEACH

FLORIDA 32119

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, Florida Statutes.*



Registered Agent's Signature

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

04 SEP 15 PM 12:44

FILED

**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

TERRENCE J. FINES

5903 Caymus Loop

Windermere, FL 34786

MGRM

ABIGAIL C. FINES

5903 Caymus Loop

Windermere, FL 34786

MGRM

ADALAINE FINES

5903 Caymus Loop

Windermere, FL 34786

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

ABIGAIL C. FINES

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)