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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JACK R. LOVING, P.A.

Account Number : 070324003656

Phone

: (954)764-1005

Fax Number

: (954)764-1499

FLORIDA/FOREIGN LIMITED LIABILITY CO.

KELLER HOME NURSING, LLC

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

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12/11/2007

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
KELLER HOME NURSING, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1323 Southeast Third Avenue, Fort Lauderdale, Florida 33316

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signatu	ıre:	므
The name and the Florida street address of the registered agent are:	0 7 DE(SECRE
Jack R. Loving	_	
Name		¬ ∵ =
1323 Southeast Third Avenue	-	
Address		•
Fort Lauderdale, Florida 33316	တဲ့	
City, State, and Zip	<u>.</u>	

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 statues relating to the proper and comlete 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

ARTICLE IV - Management (check box if applicable):

×

The Limited Liability Company is to be managed by one or more managers and is therefore, amanager-managed company:

Signature of a member or an 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.)

Jack R. Loving

Typed or printed name of signee