

L12000048636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

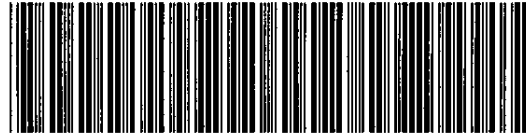
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000227834430

04/09/12--01020--022 **130.00

EFFECTIVE DATE

4/5/12

FILED

12 APR -9 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan APR 10 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Devine Care Plus 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:

Latoya N Hoguee
Name of Person

Devine Care Plus LLC
Firm/Company

10696 Old Hammock way
Address

Wellington FL 33414
City/State and Zip Code

devinecareplus@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Latoya N Hoguee at (561) 541 8400
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DevineCare plus 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:

5725 Corporate way
suite 203 West Palm Beach
FL 33407

Mailing Address:

10696 Old Hammock way
Wellington, FL 33414

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:

Latoya N Hoguee
Name
10696 Old Hammock way
Florida street address (P.O. Box **NOT** acceptable)
Wellington FL 33414
City, State, and Zip

FILED
12 APR -9 AM 11:43
SECRETARY OF STATE
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 608, F.S..

Latoya N Hoguee
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Latoya N Hoguee RW
10696 Old Hammock Way
Wellington FL 33414

MGRM

Alicia Bennett RW
3533 NW 37th Ave Lauderdale
Lakes FL 33309

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4-5-2012. (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.)

REQUIRED SIGNATURE:

Latoya N Hoguee RW
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. 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.)

Latoya N Hoguee RW Latoya N Hoguee RW
Typed or printed name of signee

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)

FILED
12 APR -9 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA