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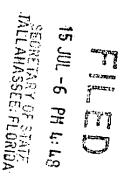
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## **COVER LETTER**

Division of Corporations
SUBJECT: Providential Home Resolutions, 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:
Valorda Salter Name of Person
Providential Home Resolutions, LLG
5301 Gulf Blvd, Unit B609
St. Pete Beach, FL 33706  City/State and Zip Code  Tet-105@jun 0. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Valorda Salterat (707) 758-318  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee U\$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:				
Providential Home Resolutions, 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: Mailing Address:				
5301 Gulf Blvd, B609 51. Pete Beach, FL 33706 St. Pete Beach, FL 33706				
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:  AKENDONSCS  Name  5301 Gulf Blvd Unit Blood  Florida street address (P.O. Box NOT acceptable)  St. Pele Beach FL 33706  City Zip				
Having been named as registered agent and to accept service of process for the above stated limited liability company a 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				

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

The name and address of each person authorized	d to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
_M6R	Yalonda Salter 5301 Gulf Blvd, Unit B609 51. Pete Beach, FL 33706
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(Use attachment if necessary)	RIDA 8
ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific at the date of filing.)  ARTICLE VI: Other provisions, if any.	g: (OPTIONAL)  nd cannot be plore than five business days prior to or 90 days after
REQUIRED SIGNATURE:	Ma Salter
(In accordance with section 405.0203 (1) (In constitutes an affirmation under the penalties of perjuit I am aware that any false information submitted in a constitutes a third degree felony as provided for in s.8	document to the Department of State
<u> </u>	d or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of Organization and De of Registered Agent \$ 30.00 Certified Copy (Optional)	esignation
\$ 5.00 Certificate of Status (Optional)	

Page 2 of 2