

L1600457630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

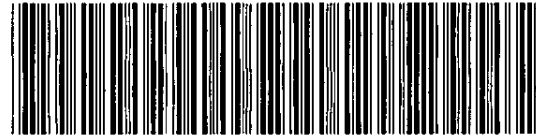
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2016

RICARDO COURTNEY  
2001 NW 186 STREET  
MIAMI GARDENS, FL 33056

SUBJECT: STEP BY STEP HOME CARE, LLC  
Ref. Number: W16000048002

We have received your document for STEP BY STEP HOME CARE, 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6052.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 716A00014437

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DIVISION OF CORPORATIONS



Detail by Entity Name

Rejected Filing

STEP BY STEP HOME CARE, LLC

Filing Information

Document Number	W16000048002
Filed Date	07/11/2016
Expire at Usual Time	Y
Penalty Fee	00.00
Associated Document Number	Document Type
Filed By	RICARDO COURTNEY
2001 NW 186 STREET	
MIAMI GARDENS, FL 33056	

Document Images

No images are available for this filing.

*ATT: Mathew  
Moon*

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STEP BY STEP HOME CARE, 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:

RICARDO COURTNEY

Name of Person

Firm/Company

2001 NW 186 STREET

Address

MIAMI GARDENS, FL 33056

City/State and Zip Code

Patrick@tqfinancials.com

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

For further information concerning this matter, please call:

PATRICK AUGUSTIN      832      687-1678  
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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STEP BY STEP HOME CARE, 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:

2001 NW 186 STREET  
MIAMI GARDENS, FL 33056

2001 NW 186 STREET  
MIAMI GARDENS, FL 33056

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:

T.Q. FINANCIAL SERVICES, LLC

Name

18800 NW 2ND AVE SUITE 108

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

<u>MIAMI GARDENS</u>	<u>FL</u>	<u>33169</u>
City	State	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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

RICARDO COURTNEY

2001 NW 186 STREET

MIAMI GARDENS, FL 33056

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

  
\_\_\_\_\_

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

RICARDO COURTNEY

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)

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TALLAHASSEE, FLORIDA