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COVER LETTER

Division of C				
SUBJECT:	Name of Lin	S T Care nited Liability Company	LLC	
The enclosed Articles	of Organization and fee(s) as	re submitted for filing.		
Please return all corre	spondence concerning this m	atter to the following:		
	Roxan	Name of Person	· /	_
		Name of Person	/	
	Naples	. I Care	LLC	_
	·	Firm/Company		_
27	1 Southba	y Drive #.	232	
		Address	_	
<u></u>	Naples	Florida ity/State and Zip Code	34108	_
	and 9494	Eity/State and Zip Code Of Grand Annual report notification	Com	ि को
For further information	n concerning this matter, plea	ase call:		Í E T
Roxanne	landry at (313, 5307	866 Rephone Number	ILED 26 PM
Enclosed is a check fo	r the following amount:		美	4:1 ₀
□ \$125.00 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)	&
Regi Divi P.O.	ling Address stration Section sion of Corporations Box 6327 ahassee, FL 32314	Street/Courier Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
	Care LLC	
	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office.	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
271 Southbay Drive #232 Naples, Florida 3410	5	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individ	dual or
The name and the Florida street address of the registered ag	gent are:	
Koxanne	Landry	
27/ South b Florida street address (P.O. Box M	NOT/acceptable) #232	
Naples	FL 3410 8	
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter Registered Agent's Signature	the appointment as registered agent and agree to fall statutes relating to the proper and complete gations of my position as registered agent as pro r 605, F.S	o act in this performance
(CONTINUE)	D)	ું 👼
Page 1 of 2		JAN 26 PM 4:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	1
"MGR" = Manager MGR	Roxanne Landry,
	271 SOUTHDAY DRIVE
	Naples FLDEICH =
	Supres, remains
	
(Use attachment if necessary)	•
n # # #200 - 1 - 10 - 1 - 1 - 1 - 1 - 1	f filing: (OPTIONAL)
E VI: Other provisions, if any.	
	4. 1.
	ense Jandry
REQUIRED SIGNATURE:	ane Sandry aber or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.	and January aber or an authorized representative of a member. 10203 (1) (b), Florida Statutes, the execution of this document
Signature of a mem (In accordance with section 605.) constitutes an affirmation under t	aber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
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