L20000132064

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

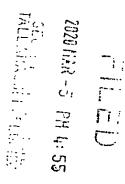




800345029168

05/20/20--01001--021 **37.50

03/09/20--60156--015 **85.09



24 20 2020 2 8 2 7 7 7

COVER LETTER

	New Filing Sec Division of Co				
eup ir.c	T'	ise Care, LLC			
SUBJEC'	l:		imited Liabil	ity Company	
The enclo	sed Articles of	Organization and fee(s)	are submitted	for filing.	
Please reti	um all corresp	ondence concerning this i	natter to the t	ollowing:	
	Iris Damaris	Martinez Lara			
	* ****		Name of	Person	
	Dina's Hous	e Care			
		<u></u>	Firm/Co	mpany	
	221 14th St.				
		,	Addr	ess	
	Panama City	Beach, FL 32413			
	-		City/State an	d Zip Code	
		re@gmail.com			
	i	E-mail address: (to be use	ed for future a	nnual report notificat	ion)
For further	information co	ncerning this matter, plea	ise call:		
	Iris Damaris		214	299-2713	
	Nam		Area Code	Daytime Telephon	•
Enclosed i	s a check for t	he following amount:			
	9 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certific	5.00 Filing Fee & ed Copy of 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			
Dina's House Care				
(Must con	atin the words "Limited Li	ability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal off	ice of the Li	mited Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Addr	ess:
221 14th St			221 14 St.	
Panama City Beach	. FL 32413		Panama City Beach, FL 32413	3
		Lara Name		
	221 14th St.			
	Florida street address (. Р.О. вох <u>в</u>	O1 acceptable)	
	Panama City Beach	FL.	32413	
	Cîty	State	Zip	
laving been named as registered lace designated in this certificate urther agree to comply with the p on familiar with and accept the o	e, I hereby accept the appoint provisions of all statutes relabling the provisions of my position as	ntment as re uting to the p registered o	gistered agent and agree to act it roper and complete performanc	n this capacity. I e of my duties, and I
	•	(CONTINU	JED)	ZOZO HŁ.

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager AMBR	
AMBR	
	Iris Damaris Martinez Lara
	221 14th St
	Panama City Beach, FL 32413
AMBR	Lucrecia Lara
ATMIN	221 14th St
	Panama City Beach, FL 32413
	
(Use attachment if necessary)	
•	
	e of filing: (OPTIONAL)
•	pecific and cannot be more than five business days prior to or 90 days after
date of filing.)	meet the applicable statutory filing requirements, this date will not be listed a
date of filing.) ote: If the date inserted in this block does not document's effective date on the Department of the Uther provisions, if any.	meet the applicable statutory filing requirements, this date will not be listed a t of State's records.
date of filing.) ote: If the date inserted in this block does not a document's effective date on the Department.	meet the applicable statutory filing requirements, this date will not be listed a t of State's records.
date of filing.) ote: If the date inserted in this block does not document's effective date on the Department of the Uther provisions, if any.	meet the applicable statutory filing requirements, this date will not be listed a t of State's records.
e date of filing.) ote: If the date inserted in this block does not e document's effective date on the Departmen ETICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m This document is exect I am aware that any false	meet the applicable statutory filing requirements, this date will not be listed a t of State's records.

38

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)