

# LO2000009673

VERONICA C. JOHNSON

Requestor's Name

460 East Richview Park Circle

Address

Tallahassee, FL 32301

City/State/Zip

Phone #

(850) 942-2642

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Quality Care Management, LLC  
(Corporation Name) / (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 23 PM 2:59

APPROVED  
AND  
FILED

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other
Name	Availability
OTHER FILINGS	
Examiner	Annual Report DCC
Update	Fictitious Name DCC
Update	Name Reservation
Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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DIVISION OF CORPORATION

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-04/24/02-01001-002  
\*\*\*\*155.00 \*\*\*\*155.00

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Examiner's Initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Quality Care Management, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
460 East Richview Park Circle Tallahassee, FL 32301

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Veronica C. Johnson  
460 East Richview Park Circle  
Tallahassee FL 32301  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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..*

Veronica C. Johnson  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Veronica C. Johnson  
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.)

VERONICA C. JOHNSON  
Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)