

**W3000005301**

**Florida Department of State  
Division of Corporations  
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**To:**

**Division of Corporations  
Fax Number : (850) 205-0383**

**From:**

**Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696**

**LIMITED LIABILITY COMPANY****sangels touch home care, llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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STATE OF FLORIDA**

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**ARTICLES OF ORGANIZATION**  
**OF**  
**AANGELS TOUCH HOME CARE, LLC**

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

**ARTICLE I**  
**NAME**

The name of this limited liability company is:

**AANGELS TOUCH HOME CARE, LLC**

**ARTICLE II**  
**PRINCIPAL OFFICE/MAILING ADDRESS**

The principal office and mailing address of this limited liability company is:

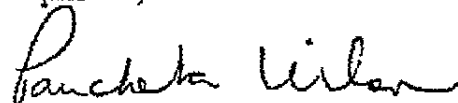
7300 W McNab Road, Suite 216  
Tamarac, Florida 33321

**ARTICLE III**  
**REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED**  
**AGENT'S SIGNATURE**

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

Pancheta Wilson  
7798 NW 58<sup>th</sup> Place  
Coral Springs, Florida 33067

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.



Pancheta Wilson  
Registered Agent

Prepared By: Ingrid M. Bachelor CPA  
License No. AC-0032360  
10235 West Sample Road  
Suite 205  
Coral Springs, FL 33065  
954-752-2758

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**ARTICLE IV  
MANAGEMENT**

The limited liability company is to be managed by its members and is, therefore, a member-managed company.



Name: Pancheta Wilson

Title: Authorized Representative of the  
Members.

(In accordance with Section 608.408(3), Florida Statutes,  
the execution of this document constitutes an  
affirmation under penalties of perjury that the facts  
stated herein are true.)

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