

L03000008357

03 MAR -6 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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02/20/03--01028--007 **130.00

W03 5-168

AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

ROBERT L. WALTER

FILED
03 MAR -6 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

852 Villa Florenza Drive
Naples, Florida 34119
239-348-2299

February 12, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Articles of Organization

Please find enclosed the following:

Articles of Organization
Check for \$130.00
\$100 Filing Fee for Articles of Organization
\$ 25 Designation of Registered Agent
\$ 5 Certificate of Status

My contact information is:

Robert L. Walter
852 Villa Florins Drive
Naples, Florida 34119
239-348-2299

Please contact me if additional information is necessary.

Very truly yours,

Robert L. Walter

Robert L. Walter

Enclosures



FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 21, 2003

ROBERT L. WALTER
852 VILLA FLORINS DRIVE
NAPLES, FL 34119

SUBJECT: SECURE HOME CARE, L.L.C.
Ref. Number: W03000005168

We have received your document for SECURE HOME CARE, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 303A00011578

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:
Secure Home Care, L.L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
852 Villa Florenza Drive Naples, Florida 34119

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

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

Robert L. Walter

Name

852 Villa Florenza Drive

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

Naples

FL 34119

City, State, and 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 608, F.S.

Robert L. Walter

Registered Agent's Signature

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

Robert L. Walter

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.)

Robert L. Walter

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)