

L03000020866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

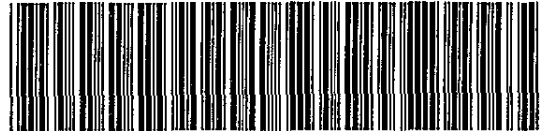
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/21/03--01044--001 **130.00

W6/10/03

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -9 PM 12:16

4p

VANITY J. DISTEFANO
308 DULMER DRIVE
NOKOMIS, FL 34275
(941) 485-4992

May 19, 2003

Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

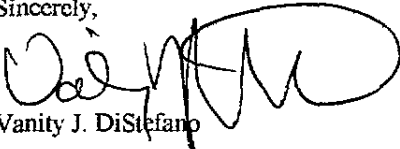
RE: At H♥me Care LLC

Enclosed herewith you will find the Articles of Organization for Florida Limited Liability Company together with a check in the amount of \$130.00 representing the following:

\$100 Filing Fee
\$25 Designation of Registered Agent
\$5 Certificate of Status

Thank you for your assistance, if you have any questions, please contact me at (941) 650-6550.

Sincerely,


Vanity J. DiStefano

003-14913

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 27, 2003

VANITY J. DISTEFANO
308 DULMER DRIVE
NOKOMIS, FL 34275

SUBJECT: AT HOME CARE LLC
Ref. Number: W03000014913

*sent Back
6/4/03*

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

We cannot file your name as it appears on your document, because our system has no "heart shape" character available. You may either change the name, or request a refund.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 803A00033180

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DIVISION OF CORPORATIONS
JUN 10 2003
PM 12:16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AT HOME CARE LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

308 Dulmer Drive Nokomis FL 34275

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

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

Vanity J. Distefano

Name

308 Dulmer Drive

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

Nokomis FL 34275

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.

Vanity J. Distefano

Registered Agent's Signature

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

Vanity J. Distefano

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.)

Vanity J. Distefano

Typed or printed name of signer

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)