

LO3 000031544

(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



200022303062

08/20/03--01047--011 \*\*125.00

EFFECTIVE DATE  
9-1-03

LO3-31544  
a

FILED

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONSULT CARE COMMUNITY SERVICES, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOANNA MULDER  
CONSULT CARE, INC.  
1202 TECH BLVD, SUITE 100  
TAMPA, FL 33619

For further information concerning this matter, please call

GAYLA B. RUSSELL, CPA at (813) 251-5094

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

FILED

03/06/20 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

The name of the Limited Liability Company is:

CONSULT CARE COMMUNITY SERVICES, LLC

**ARTICLE II**

The mailing address of the Limited Liability Company is:

1202 TECH BLVD, SUITE 100  
TAMPA, FL 33619

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

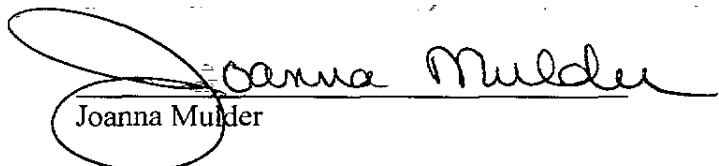
**ARTICLE IV**

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

JOANNA MULDER  
1202 TECH BLVD  
SUITE 100  
TAMPA, FL 33619

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.

Registered Agent Signature

  
Joanna Mulder

FILED  
03 OCT 20 PM 2:11  
TAMPA, FL 33619  
9-1-03  
CLERK OF COURT

## ARTICLE V

The name and address of managing members/managers are:

Title: Managing Members

JOANNA MULDER  
1202 TECH BLVD, SUITE 100  
TAMPA, FL 33619

MAUREEN MURRAY  
1202 TECH BLVD, SUITE 100  
TAMPA, FL 33619

MAXINE MICHAEL  
1202 TECH BLVD, SUITE 100  
TAMPA, FL 33619

## ARTICLE VI

The effective date for this Limited Liability Company shall be:

September 1, 2003

Signature of member:

  
JOANNA MULDER

(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.)

FILED  
03.12.03 PM 2:00  
TAMPA  
CLERK OF DISTRICT COURT