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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

RECEIVED
04 SEP 24 AM 7:40
DIVISION OF CORPORATION

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04 SEP 24 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

pro care professional care service, llc

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

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pro Care Professional Care Service, LLC

ARTICLE II - Address:

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

Principal Office Address:

150 S. University Dr., Suite C
Plantation, FL 33324

Mailing Address:

150 S. University Dr., Suite C
Plantation, FL 33324

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature
The name and the Florida street address of the registered agent are:

Maxine John

Name

150 S. University Dr. Suite C

Florida street address (P.O. Box [XXX] acceptable)

Plantation, FLORIDA 33324

City, State, and Zip

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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 606, Florida Statutes.

X Maxine John
Registered Agent's Signature

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(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title</u>	<u>Name and Address</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>Maxine John</u> <u>130 S. University Dr. Suite C</u> <u>Plainfield, NC 27324</u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

X Maxine John John
 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.)
Maxine John
 Typed or printed name of signer

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 TALLAHASSEE, FLORIDA

- 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)

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