

L04 0000 73904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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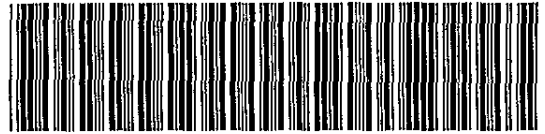
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/11/04--01058--006 **160.00

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

04 OCT 11 PM 1:53

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10/12/04
JWS

October 8, 2004

Florida Department of State
Registration for LLC

Dear Sir/Ms

Attached please find my forms for the Articles of Incorporation and the fees for registrations.

The following information was requested:

Carolyn Mahy
1082 Roundstone Place
Palm Harbor, Fl. 34683

Daytime phone:

727-937-5757

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAROLYN'S CARE, LLC.
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

CAROLYN R. MAHY
(Name of Person)

CAROLYN'S CARE, LLC.
(Firm/Company)

1082 Roundstone Place
(Address)

Palm Harbor FL 34683
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLYN MAHY at (727) 937-5757
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAROLYN'S CARE LLC.

ARTICLE II - Address:

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

Principal Office Address:

1082 Roundstone Place
Palm Harbor, FL
34683

Mailing Address:

1082 Roundstone Place
Palm Harbor, FL
34683

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

CAROLYN R. MAHY
Name

1082 Roundstone Place
Florida street address (P.O. Box **NOT** acceptable)

Palm Harbor FLORIDA 34683
City, State, and Zip

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TALLAHASSEE, FLORIDA

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, Florida Statutes..

Carolyn R Mahy
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR
Caroun R Mahy

Name and Address:

Caroun R Mahy
1082 Roundstone Place
Palon Harbor FL
34683

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Caroun R Mahy
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.)

Caroun R Mahy
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)

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TALLAHASSEE, FLORIDA

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