

L04000074150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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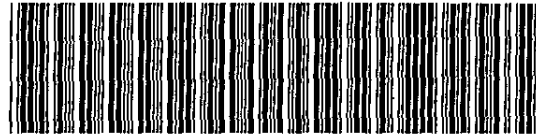
(Business Entity Name)

(Document Number)

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11:08 AM 11 OCT 04
OFFICE OF THE CLERK
STATE OF TEXAS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUE COMPANION HOMECARE SERVICES, L.L.C.
(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:

JOSEPH BLANCHARD
(Name of Person)

(Firm/Company)

6772 SILVER RIDGE LANE
(Address)

GREEN ACRES, FL 33413
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH BLANCHARD at (561) 688-2096
(Name of Person) (Area Code & Daytime Telephone Number)

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

04 OCT 11 AM 8:11
DATE OF FILING

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRUE COMPANION HOMECARE SERVICES, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

6772 SILVER RIDGE LANE
GREEN ACRES, FL 33413

Mailing Address:

6772 SILVER RIDGE LANE
GREEN ACRES, FL 33413

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

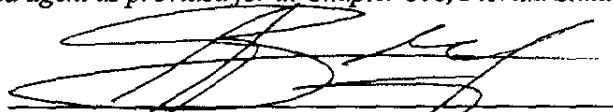
The name and the Florida street address of the registered agent are:

JOSEPH BLANCHARD
Name

6772 SILVER RIDGE LANE
Florida street address (P.O. Box NOT acceptable)

GREEN ACRES FLORIDA 33413
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, Florida Statutes..


Registered Agent's Signature

04 OCT 11
DIVISION OF CORPORATIONS

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

Name and Address:

MGRM

JOSEPH BLANCHARD
6772 SILVER RIDGE LANE
GREEN ACRES FL 33413

MGRM

CARMEL BLANCHARD
6772 SILVER RIDGE LANE
GREEN ACRES FL 33413

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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.)

JOSEPH BLANCHARD
Typed or printed name of signee

04 OCT 11 AM 8:11
DIVISION OF CORPORATE REGISTRATION

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)