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(City/State/Zip/Phone #)

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05 JAN 18 PM 5:07

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: GUARDIAN HOME HEALTH AGENCY LLC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

^{\$125.00}
☒ \$78.75
Filing Fee
& Certificate of Status
DESIGNATION OF
REGISTERED AGENT

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

CARLITO G FLORES
FROM: C.G. FLORES & RAY G. FLORES, CPA
Name (Printed or typed)

809 BEVERLY PARKWAY
Address

PENSACOLA, FL 32505
City, State & Zip

(850) 435-6845
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
FOR GUARDIAN HOME HEALTH AGENCY LLC**

ARTICLE I. Name

The name of the Limited Liability Company is GUARDIAN HOME HEALTH AGENCY LLC.

ARTICLE II. Address

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

Principal Office Address:
4300 Bayou Blvd
Pensacola, Florida 32503

Mailing Address:
4300 Bayou Blvd
Pensacola, Florida 32503

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

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

MAURICE SANTIAGO
1120 Freeboard Blvd
Pensacola, Florida 32507

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 property 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.


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV. Manager(s) or Managing Member(s)

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

Title:

Name and Address:

Managing Member/Director

Maurice Santiago
1120 Freeboard Blvd
Pensacola, Florida 32507

Managing Member/Director

Georgina Santiago
10860 Berry Hill Rd
Pensacola, Florida 32506

Managing Member/Director

Eugene Parker
3140 Lost Creek Dr
Cantonment, Florida 32533

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.)

Maurice Santiago, Managing Member/Director
Name of signee

Filing Fees:

\$100.00 Filing Fees for Articles of Org.
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Statute (Optional)