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05/17/05 29 PM 3:15  
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PORTSIDE CARE CENTER, LLC  
(Name of Limited Liability Company)

05 APR 28 PM 3:15  
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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHEN ODU  
(Name of Person)

PORTSIDE CARE CENTER, LLC  
(Firm/Company)

3832 LONG GROVE LANE  
(Address)

Port Orange FLORIDA 32129  
(City/State and Zip Code)

For further information concerning this matter, please call:

STEHEN ODU OR BEATRICE ODU at ( 386 ) 767-1663  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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:

PORTSIDE CARE CENTER, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

3832 LONG GROVE LANE  
PORT ORANGE  
FLORIDA 32129

**Mailing Address:**

3832 LONG GROVE LANE  
PORT ORANGE  
FLORIDA 32129

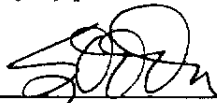
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

STEPHEN ODU  
Name

3778 MAPLE GROVE COURT  
Florida street address (P.O. Box **NOT** acceptable)  
PORT ORANGE, FL 32129  
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, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

(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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR \_\_\_\_\_

Stephen Odu  
\_\_\_\_\_  
3778 Maple Grove Court  
\_\_\_\_\_  
Port Orange , FL 32129  
\_\_\_\_\_

MGR \_\_\_\_\_

Beatrice Odu  
\_\_\_\_\_  
3778 Maple Grove Court,  
\_\_\_\_\_  
Port Orange , FL 32129  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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.)

Stephen Odu  
\_\_\_\_\_

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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05 MAR 23 PM 3:15  
CLERK OF CIRCUIT COURT  
PORT ORANGE, FLORIDA