

LOS000086193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

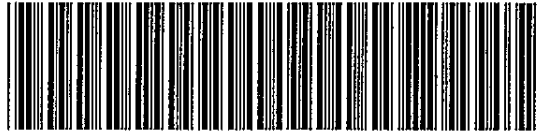
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400058569564

08/29/05--01042--016 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 AUG 29 PM 1:01

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IRENA MARI'S, 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:

EVELYN JONES  
(Name of Person)

\_\_\_\_\_  
(Firm Company)

2197 ORCHARD PARK DRIVE  
(Address)

SPRING HILL, FL 34608  
(City State and Zip Code)

For further information concerning this matter, please call:

J. ELDREDGE, IRS ENROLLED AGENT ( 352 ) 688-8619  
(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 A FLORIDA LIMITED LIABILITY CO.**

**ARTICLE -1 NAME:**

The name of the Limited Liability Company is:

**IRENA MARI'S, LLC**

**ARTICLE-11 ADDRESS:**

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

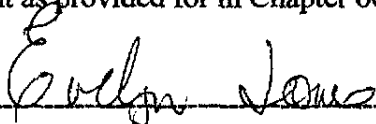
**2197 ORCHARD PARK DRIVE  
SPRING HILL, FL 34608**

**ARTICLE 111- REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENTS SIGNATURE:**

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

**EVELYN JONES  
2197 ORCHARD PARK DRIVE  
SPRING HILL, FL 34608**

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- Evelyn Jones

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 AUG 29 PM 1:01

**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY CO.**

**ARTICLE IV- LIMITED LIABILITY COMPANY PURPOSE:**

A Limited Liability Company organized to provide health care services and other related lawful purposes.

**ARTICLE V- MEMBERS OR MANAGING MEMBERS:**

The Limited Liability Company is to be managed by one or more managers and is , therefore a manager -managed company. The name and address of each Managing Member or Member and ownership percentage is:

<b>TITLE</b>	<b>NAME AND ADDRESS</b>	<b>OWNERSHIP %</b>
Managing Member	Evelyn Jones 2197 Orchard Park Drive Spring Hill, FL 34608	98%
Member	Gertrude Palmer 14491 Tamarino Loop Spring Hill, FL 34609	2%

**ARTICLE VI- ADMISSION OF ADDITIONAL MEMBERS:**

The members shall have the right to admit additional members upon written consent of all members.

**ARTICLE VII- MEMBERS RIGHT TO CONTINUE BUSINESS:**

The members shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company by executing a written consent to continue to do such business.

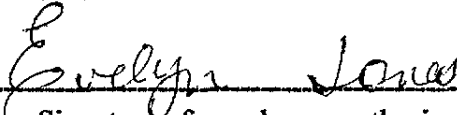
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 AUG 29 PM 1:01

**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY CO.**

**ARTICLE VI11- EFFECTIVE DATE AND DURATION:**

The effective date of the Limited Liability Company shall be upon receipt and filing of these Articles with the Secretary of State of Florida and the duration of the Limited Liability Company shall be Perpetual.

**The members hereby make and file in the Office of The Secretary of State of Florida, these Articles of Organization, and 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.**

  
\_\_\_\_\_  
Signature of member or authorized representative of member

Evelyn Jones, MGRMBR

\_\_\_\_\_  
Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 AUG 29 PM 1:01