

C06000015611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

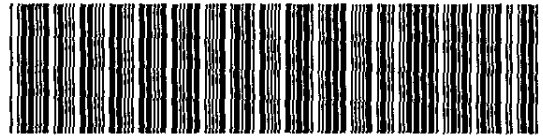
(Document Number)

Certified Copies \_\_\_\_\_

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01/20/06--01032--001 \*\*78.75

02/13/06--01022--004 \*\*78.75

02/03/06  
FILED  
06 FEB 13 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

lep

**COVER LETTER**

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

SUBJECT: HOME AWAY FROM HOME LLC DBA A PLACE LIKE HOME  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: SHIRLEY SLACK  
Name (Printed or typed)

2580 N.W. 5<sup>TH</sup> ST.  
Address

POMPANO BEACH FL. 33069  
City, State & Zip

954 - 436 - 5824  
Daytime Telephone number

STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

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

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HOME AWAY FROM HOME DBA A PLACE LIKE HOME 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:

SHIRLEY SLACK

(Name of Person)

A PLACE LIKE HOME

(Firm/Company)

2580 N.W. 5th ST.

(Address)

POMPAHO BEACH FL. 33069

(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SHIRLEY SLACK

(Name of Person)

at ( 954 ) 243-3041

(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)

balance of \$51.25 enclosed.

### Mailing Address

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### Street/Courier Address

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

January 28, 2006

SHIRLEY SLACK  
2580 N.W. 5TH ST.  
POMPANO BEACH, FL 33069

SUBJECT: HOME AWAY FROM HOME LLC  
Ref. Number: W06000004032

**FILED**  
06 FEB 13 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for HOME AWAY FROM HOME LLC and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$51.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form and fee you submitted are for a corporation, but your entity is an LLC. Enclosed is the proper form to file your LLC. Please note that the name of the LLC cannot include a "dba" name. If you would like to have a "dba" name, please also file the enclosed Fictitious Name form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 806A00005742

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TALAHASSEE  
FLORIDA  
Signature: \_\_\_\_\_  
Initial or another: \_\_\_\_\_

**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"

"MGRM"

"MGRM"

Name and Address:

SHIRLEY SLACK

2281 S.W. 86th Way

Miramar, FL 33025

CHARMAINE MARLOW

2281 S.W. 86th Way

Miramar, FL 33025

BRANNON RANGOST

2281 S.W. 86th Way

Miramar, FL 33025

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Slack

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.)

SHIRLEY SLACK

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA