

LOW0000040928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

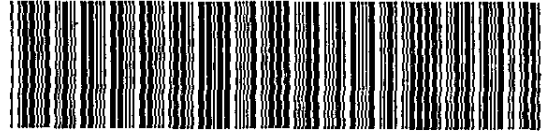
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

4/14

FL LC

Office Use Only



200070323352

04/14/06--01009--023 \*\*155.00

FILED

06 APR 14 AM 11:53

W1100688

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WE CARE FORECLOSURE AND PROPERTY CONSULTANTS, 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:

E. Blake Melhuish, Esquire

(Name of Person)

E. Blake Melhuish, P.A.

(Firm/Company)

522 12th Street West

(Address)

Bradenton, FL 34205

(City/State and Zip Code)

For further information concerning this matter, please call:

E. Blake Melhuish, Esq.

(Name of Person)

at (

941

)

748-1976

(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)

**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

FILED

06 APR 14 AM 11:53

STATE OF FLORIDA  
TALLAHASSEE COUNTY

**ARTICLES OF ORGANIZATION  
OF  
WE CARE FORECLOSURE AND PROPERTY CONSULTANTS, L.L.C.**

The undersigned, a natural person, competent to contract, does hereby form a limited liability company pursuant to the laws of the State of Florida.

**ARTICLE I. NAME OF LIMITED LIABILITY COMPANY**

The name of this limited liability company shall be **WE CARE FORECLOSURE AND PROPERTY CONSULTANTS, L.L.C.** The principal office and mailing address of the company shall be 3554 65<sup>th</sup> Avenue Circle East, Sarasota, Florida 34243.

**ARTICLE II. NATURE OF BUSINESS AND POWERS**

The general nature of the business to be transacted and carried on by the limited liability company is to engage in all lawful acts and activities or businesses permitted under the laws of the United States of America and the State of Florida.


**ARTICLE III. MANAGEMENT OF LIMITED LIABILITY COMPANY**

The limited liability company is to be managed by one or more managers and is therefore a managed company.

**ARTICLE IV. REGISTERED AGENT AND INITIAL REGISTERED OFFICE**

The street address of the initial registered office of this company shall be 3554 65<sup>th</sup> Avenue Circle East, Sarasota, Florida 34243, and the initial registered agent at such address will be **DONALD E. PHILPOTT**. The member or managers of the limited liability company from time to time may move the Registered Office to any other address in the State of Florida.

IN WITNESS WHEREOF, the undersigned, for the purposes of forming a limited liability company pursuant to the laws of the State of Florida, do make, subscribe and acknowledge this certificate and have hereunto duly executed the foregoing Articles of Organization to be filed in the office of the Secretary of State of Florida, for the purposes therein set forth.

  
DONALD E. PHILPOTT


STATE OF FLORIDA  
MANATEE COUNTY

BEFORE ME, the undersigned authority, personally appeared DONALD E. PHILPOTT, personally known to me and known to be the person making, subscribing and acknowledging the foregoing Articles of Organization to be his free act and deed for the purposes and uses therein set forth.

SWORN TO AND SUBSCRIBED before me this the 30<sup>th</sup> day of March, 2006.



E. Blake Melhuish  
Commission # DD475946  
Expires December 22, 2009  
Bonded Troy Fair - Insurance, Inc. 800-385-7019

  
Notary Public  
E. Blake Melhuish  
Printed Name of Notary Public  
DD 475 946.  
Commission/Serial Number  
My Commission Expires:

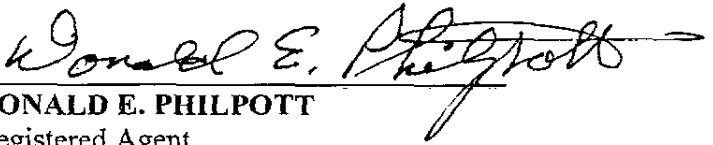
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR  
SERVICE OF PROCESS WITH THIS STATE, NAMED AGENT  
UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Florida Statutes, the following is submitted in compliance with said Statutes:

**WE CARE FORECLOSURE AND PROPERTY CONSULTANTS, L.L.C.** desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at 3554 65<sup>th</sup> Avenue Circle East, Sarasota, Florida 34243, with **DONALD E. PHILPOTT** as its agent to accept service of process within this State.

**ACKNOWLEDGMENT**

Having been named to accept service of process for the above stated limited liability company, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Statutes relative to keeping open said office.

  
**DONALD E. PHILPOTT**  
Registered Agent

DATED this the 30<sup>th</sup> day of March, 2006.