

L06.0000060647

(Requestor's Name)

Laura Levine
11821 Foxglove Drive
Clermont, FL 34711

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

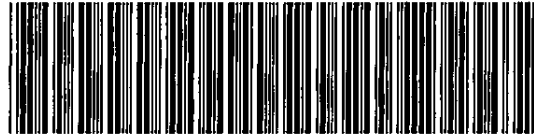
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ✓

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05/02/06--01008--002 **100.00

06/13/06--01017--016 **25.00

EFFECTIVE DATE

04/25/06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY - 2 PM 2:22

W06-21758
J. BRYAN MAY 10 2006

J. BRYAN JUN 14 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2006

LAURA LEVINE
LAURA'S SUPPORT SERVICES, LLC
11821 FOXGLOVE DRIVE
CLERMONT, FL 34711

SUBJECT: LAURA'S SUPPORT SERVICES LLC
Ref. Number: W06000021758

FILED STATE
SECRETARY OF CORPORATIONS
06 MAY -2 PM 2:22

We have received your document for LAURA'S SUPPORT SERVICES LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 2, 2006. Please amend your document accordingly.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 806A00033150

RECEIVED
DIVISION OF CORPORATIONS
MAY 10 2006
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SUBJECT: Articles of Organization for LAURA'S SUPPORT SERVICES LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

LAURA LEVINE

(Name of Person)

LAURA'S SUPPORT SERVICES LLC

(Firm/Company)

11821 Foxglove Drive

(Address)

Clermont, FL 34711

(City/State and Zip Code)

For further information concerning this matter, please call LAURA LEVINE at
(407) 325-4348.

Sincerely,

Laura Levine
Manager

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY -2 PM 2:22

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

KNOW ALL MEN BY THESE PRESENTS: That I, LAURA LEVINE desire to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Act, do establish:

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAURA'S SUPPORT SERVICES LLC

EIN: ~~74-3473804~~ 13-4335255

ARTICLE II - Address:

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

**11821 Foxglove Drive
Clermont, FL 3 4711**

ARTICLE III - Purpose:

That the purpose for which this limited liability company is organized is primarily to provide Care and Services to the Developmentally Disabled, and other goods and services that are permitted by law, within the laws of Florida.

ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Laura Levine
11821 Foxglove Drive
Clermont, FL 34 711

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

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SECRETARY OF CORPORATIONS
DIVISION
APR - 2 PM 2:22

EFFECTIVE DATE
04/25/06

ARTICLE V- Manager/Owner:

The name and address of the Manager/Owner is as follows:

MGR: Laura Levine – 100% Owner
11821 Foxglove Drive
Clermont, FL 34711

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY - 2 PM 2:22

ARTICLE VI - Effective date of the Limited Liability Company:

April 25, 2006

REQUIRED SIGNATURE:

Laura Levine
Signature of owner/manager

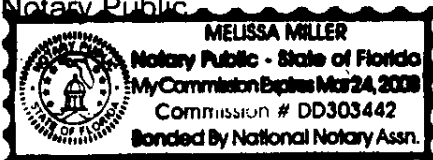
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LAURA LEVINE
Typed or printed name of signee

State of Florida
County of LAKE

On this 6th day of June 2006, before me personally appeared LAURA LEVINE, known to me to be the person described in and who executed the foregoing instrument and acknowledged to me that LAURA LEVINE executed the same as his free act and deed.

My Commission Expires on:
5-24-08

Melissa Miller
Notary Public


Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)