

L06000092254

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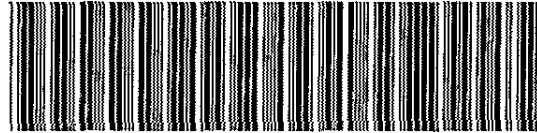
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W06-38785



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2006

OSITA ABANAH
1836 NENA HILLS DRIVE
TALLAHASSEE, FL 32304

SUBJECT: ABANAH HEALTHCARE CONSULTANTS, STAFFING & MEDICAL
EQUIPMENT CO. LTD
Ref. Number: W06000038785

We have received your document for ABANAH HEALTHCARE CONSULTANTS, STAFFING & MEDICAL EQUIPMENT CO. LTD and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

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) 245-6851.

Gina McLeod
Document Specialist

Letter Number: 006A00053598

Ref # W06000038785

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABANAH HEALTHCARE CONSULTANTS, STAFFING & MEDICAL EQUIPM. CO.
(Name of Limited Liability Company) ~~CO~~ LTD. CO.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSITA ABANAH

(Name of Person)

ABANAH HEALTHCARE CONSULTANTS, STAFFING & MEDICAL EQUIPMENT CO. L
CO. (Firm/Company)

1836 NENA HILLS DRIVE (TALLAHASSEE)

(Address)

TALLAHASSEE FL. 32304

(City/State and Zip Code)

For further information concerning this matter, please call:

OSITA ABANAH

(Name of Person)

at (850) 597-1842

(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

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TALLAHASSEE, FLORIDA

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8/23/06



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:

MANAGER

OSITA ABANAH

1836 NENA HILLS DRIVE

TALLAHASSEE FL 32304

MANAGER

1836 NENA PRISCA ABANAH

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/23/06 (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:

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.)

OSITA ABANAH

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)