

LO7000008776

(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:

Velma Wiggard ~~SECRETARY~~

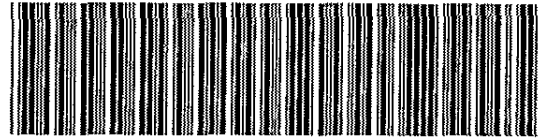
AUTHORIZATION BY PHONE TO

CORRECT RA

DATE 1/24/07

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01/22/07--01028--009 **160.00

Effective Date 1/19/07

07 JAN 22 PM 3:00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RA

1007-3876

B. Tadlock JAN 24 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MERIWIZ RESIDENTIAL CARE 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:

VELMA WIZZARD/MERILYN GARRIQUES
(Name of Person)
MERIWIZ RESIDENTIAL CARE
(Firm/Company)
4034 SW HAYCROFT STREET
(Address)
PORT SAINT LUCIE , FLORIDA 34953
(City/State and Zip Code)

For further information concerning this matter, please call:

VELMA WIZZARD at (772) 343-1251
(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)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Effective Date 1/19/07

MERIWIZ RESIDENTIAL CARE LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

4034 SW HAYCROFT STREET
PORT SAINT LUCIE, FL. 34953

Mailing Address:

4034 SW HAYCROFT STREET
PORT SAINT LUCIE, FL. 34953

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Velma Wizzard

Name

4034 SW HAYCROFT ST

Florida street address (P.O. Box **NOT** acceptable)

PORT SAINT LUCIE FL 34953

City, State, and Zip

07 JAN 22 PM 3:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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, F.S.

Velma Wizzard

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

VELMA WIZZARD

4034 SW HAYCROFT STREET

PORT SAINT LUCIE, FL. 34953

MANAGER

MERILYN GARRIQUES

5842 NW KISKO COURT

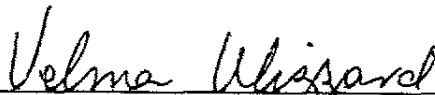
PORT SAINT LUCIE, FL. 34986

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/19/07 (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.)

VELMA WIZZARD

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)