

LOT0000014726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

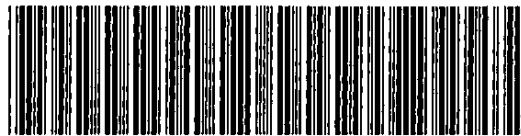
(Business Entity Name)

(Document Number)

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01/30/07--01033--006 **160.00

Reject Eff. Dets

W07-5275

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
07 FEB - 7 PM 1:27

LAW OFFICE
OF
CONRAD WILLKOMM, P.A.

2081 TAMiami TRAIL NORTH ♦ NAPLES, FLORIDA 34102

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

To Whom It May Concern:

My clients, Mr. Cochran and Ms. Aurelio, are filing the attached articles of organization to create a daycare company named Caring Heart Daycare, LLC. Please be advised that they do not plan to open the daycare until all necessary licenses are obtained.

Thank you for your attention to this matter.

Sincerely,



Conrad Willkomm



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2007

CONRAD WILLIAMS
2081 TAMIAMI TRAIL NORTH
NAPLES, FL 34102

SUBJECT: CARING HEART DAYCARE, LLC
Ref. Number: W07000005275

We have received your document for CARING HEART DAYCARE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 January 30, 2007. 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) 245-6851.

Gina McLeod
Document Specialist

Letter Number: 207A00007496

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caring Heart Daycare, 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:

Conrad Willkomm

(Name of Person)

Law Office of Conrad Willkomm, P.A.

(Firm/Company)

2081 Tamiami Trail North

(Address)

Naples, FL 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

Conrad Willkomm

(Name of Person)

at (239) 262-5303

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|----------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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:

Caring Heart Daycare, 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:

1174 8th Avenue North

Naples, FL 34102

Mailing Address:

1174 8th Avenue North

Naples, FL 34102

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:

Stan W. Cochran

Name

1174 8th Avenue North

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

Naples, FL 34102

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB - 7 PM 1:27

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..

Stan W. Cochran

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:

MGRM

Stan W. Cochran

1174 8th Avenue North

Naples, FL 34102

MGRM

Gina M. Aurelio

1174 8th Avenue North

Naples, FL 34102

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 16, 2007 SC (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:

Stan W. Cochran 1-12-07
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.)

Stan W. Cochran

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)