

Feb-08-2007 05:08pm

From-DAVID WILLIAMS LAW FIRM PA

302-575-0925

T-778 P 001/002 F-740

DIVISION OF CORPORATIONS

LO70000014817

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H070000361063)))



H070000361063ABCX

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-0925

FILED  
07 FEB -8 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**First Home Care LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

07 FEB -8 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H07000036106 3

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is: First Home Care LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 5950 West Oakland Park Blvd., Ste 205, Lauderdale, FL 33313.

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Agents and Corporations, Inc.  
773 4<sup>th</sup> Avenue North, Ste E  
Naples, FL 34102

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.

  
Registered Agent's Signature

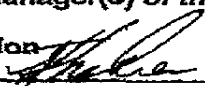
**ARTICLE IV – Management (Check box if applicable.) ☐**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

**ARTICLE V – Manager:**

The Initial Manager(s) of the Limited Liability Company shall be:

Thelma Gabbidon

  
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.)

Thelma Gabbidon  
Typed or printed name of signee

FILED  
07 FEB -8 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA