

L07000034830

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.

((H07000084937 3)))



H070000849373ABC5

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 : MDMB
Account Number : I20030000084
Phone : (305) 279-2276
Fax Number : (305) 630-9678

2001 APR -2 A 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AL

RECEIVED

07 APR -2 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

The Caring Home, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$130.00 |

Electronic Filing Menu Corporate Filing Menu

Help

FILED

2007 APR -2 A 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I – Name:

The name of the Limited Liability Company is:

THE CARING HOME, LLC

ARTICLE II – Address:

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

Principal Office Address:

1840 SW 92nd Place
Miami, FL 33165

Mailing Address:

1840 SW 92nd Place
Miami, FL 33165

FILED
2007 APR 2 A 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The name and the Florida street address of the Registered Agent:

Mayden Rodriguez
1840 SW 92nd Place
Miami, FL 33165

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 – 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

Mayden Rodriguez
1840 SW 92nd Place
Miami, FL 33165

MGRM

Lizet Ramos
1840 SW 92nd Place
Miami, FL 33165

ARTICLE V – Effective Date:

The effective date of the Limited Liability Company is:

March 15, 2007

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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

Mayden Rodriguez

Typed or Printed Name of Signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 APR -2 A 8:36

FILED