# 07000 35644

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
·	siness Entity Nam	e)
. (Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Office Use Only	



700095471037

04/03/07--01008--013 \*\*125.00

O7 APR -3 AM 11: 33
SECRETARY OF STATE
SECRETARY OF FLORIDA



Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

March 21, 2006

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Articles of Organization - Accompany Care, LLC

Dear Sir or Madam:

Enclosed are (2) original Articles of Organization for the above referenced corporation and my check in the amount of \$125.00 for the filing fees. Please file the Articles and return one copy of the Articles to me at the above address.

If you have questions, please do not hesitate to call me.

Sincerely,

•

**Enclosures:** 

(2) Copies of Articles of Organization

Check for \$125.00

# **ARTICLES OF ORGANIZATION**

# **FOR**

# FLORIDA LIMITED LIABILITY COMPANY

OF

# **ACCOMPANY CARE, LLC**

The undersigned, for the purpose of forming a limited liability company under the Section Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges and files the following Articles of Organization.

# **ARTICLE I - NAME**

The name of this limited liability company shall be:

# ACCOMPANY CARE, LLC

# **ARTICLE II - ADDRESS**

The principal place of business and mailing address of the limited liability company shall be at 1105 Bay Breeze Drive, St. Augustine, FL 32092.

# ARTICLE III - DURATION

The company shall commence its existence on the date these articles of organization are filled by the Florida Department of State. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these Articles of Organization or in the regulations.

# ARTICLE IV - INITIAL REGISTERED AGENT & ADDRESS

The name and street address of the initial registered agent of the company in the State of Florida is:

Rebecca A. Rekitt 1105 Bay Breeze Drive Atlantic Beach, Florida 32233

# ARTICLE V - ADMISSION OF NEW MEMBERS

Except as set forth in the regulations, no additional members shall be admitted to the company except with the unanimous written consent of all the members of the company and on the terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless all the members of the company other than the member proposing to dispose of his or her interest approve of the proposed transfer by written consent.

### ARTICLE VI -MEMBERS' RIGHT TO CONTINUE BUSINESS

The company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the company, unless the business of the company is continued by unanimous vote of the remaining members.

# ARTICLE VII -MANAGEMENT

The company shall be managed by the members in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these Articles of Organization. The name and addresses of the members of the company are:

Rebecca A. Rekitt 1105 Bay Breeze Drive Atlantic Beach, Florida 32233

Emmett Rekitt 1105 Bay Breeze Drive Atlantic Beach, Florida 32233

# **ARTICLE VIII - SPECIAL PROVISION**

It is the intent of the members that the limited liability company will execute any necessary documents with the Internal Revenue Service concerning the taxation as a corporation and that the limited liability company will file Form 8832.

# STATE OF FLORIDA COUNTY OF DUVAL

I HEREBY CERTIFY that on this day, before me, a Notary Public, duly authorized in State and County named above to take acknowledgments, personally Rebecca A. Rekitt to me known to be the person described as appeared subscribed in and executed the foregoing Articles of Organization, and acknowledged before me that he subscribed to those Articles of Organization.

WITNESS my hand and official seal in the County and State named above on this the 21 day of Mach, 2007.

DIANE C. STEVENSON MY COMMISSION # DD490416 EXPIRES: Nov. 14, 2009

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

The name of the limited liability company is:

**ACCOMPANY CARE, LLC** 

The name and address of the Registered Agent and Office

Rebecca A. Rekitt 1105 Bay Breeze Drive St. Augustine, FL 32092

TITLE Managing Member

The undersigned, being the person named in the Articles of Organization of ACCOMPANY CARE, LLC, as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

SIGNATURE ≮ (

Rebecca A. Rekit

TITLE Registered Agent

DATE <u>3/21/07</u>