# LD7000050898

(Re	equestor's Name)	_
. (Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		LS

€,4

Office Use Only



200096720392

05/14/07--01017--012 \*\*160.00

SIHO T

OT MAY 14 PM 12: 4.0

O7 MAY IL PHIZ: LI
SECTE FARY OF STATE
ALL ABASSES FROM

### **COVER LETTER**

TO:

Registration Section

Division of Corporations
SUBJECT: COB APPEAL HOME CAZE  (Name of Limited Liability Company)
(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:
Eric Laney (Name of Person)
CURB APPEAL Home CARE (Firm/Company)
(Firm/Company)
3310 Thomas Butler RD
THUAHASSEE, FL 32308 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
950 For 1018
Eric Lawey at (SSO) 284 9942  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
co \$125.00 Filing Fee φ \$130.00 Filing Fee & ρ \$155.00 Filing Fee & ρ \$160.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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
CUCB ADDRAG Home	CALL	LLC	·
CUB ADRAL Home (Must end with the words "Limited Liability Company, "Limited	Company" or the	eir abbreviation "l	LLC," or "L.C.,")
ADMICHERY			,
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office	of the Limited	d Liability Company is:
Principal Office Address:	Mailing Ad	dress:	
3310 THOMAS BUTTER TALLAHASSEE, FL 32308	3310 TH(LA	thomas Hassee,	Bufler 2P FL 32308
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Recred Agent. You n	egistered Age nust designate an i	ent's Signature: individual or another
The name and the Florida street address of the re-	egistered ager	nt are:	
EIL CANEY	(		
Eric CANEY Name	·		
3310 Thomas	2.4100	2.5	
Florida street add			)
TAU A HASS EE	FI 32	308	
7944 HASS EE City, State, a	nd Zip		•
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete and accept the obligations of my position as reg	his certificate ity. I further d e performance	, I hereby acc agree to comp e of my duties,	ept the appointment as ly with the provisions of and I am familiar with
3 7 m			07 SEC TALL
Registered Agent's Signati	ure (REQUIRE	D)	MAY 14 MAY 14
(CONTIN	UED)		PHI2: 4

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:

"MGR" = Mana	_	Name and Address:
"MGRM" = Mai	naging Member	Erc LANRY 3310 THOMAS BUTIET ED THULA HASSEE, FL 32308
	<del></del>	
(Use attachment	• ,	e date of filing: 5-14-07 (OPTION
ICLE V: Effective of the control of	date, if other than the listed, the date mus	e date of filing: <u>5-14-07</u> . (OPTIONA at be specific and cannot be more than five busine
ICLE V: Effective ate is	date, if other than the listed, the date mus r the date of filing.)	st be specific and cannot be more than five busine
ICLE V: Effective of the control of	date, if other than the listed, the date mus r the date of filing.)	e date of filing: 5-14-07 (OPTIONAL). (OPTIONAL) (OPTIONAL) (St. be specific and cannot be more than five business.
ICLE V: Effective of the control of	date, if other than the listed, the date must the date of filing.)  GNATURE:  Signature of a member (In accordance with se	er or an authorized representative of a member.
ICLE V: Effective of the control of	date, if other than the listed, the date must refer the date of filing.)  GNATURE:  Signature of a member of this document constitute the facts stated listed in the listed stated stated in the listed stated state	er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
ICLE V: Effective of the control of	date, if other than the listed, the date must refer the date of filing.)  GNATURE:  Signature of a member of this document constitute the facts stated listed in the listed stated stated in the listed stated state	er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
ICLE V: Effective of the control of	date, if other than the listed, the date must the date of filing.)  GNATURE:  Signature of a member of this document constitute the facts stated in the facts stated i	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution retitutes an affirmation under the penalties of perjury herein are true.)