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(((H07000206757 3)))



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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name

: COMPUTAX USA INC.

Account Number: I20000000254 Phone

: (727)546-3335

Fax Number

: (727)546-3365

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

# WE CARE DAY CARE, LLC

| Certificate of Status | 0        |
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Electronic Filing Menu

Corporate Filing Menu

Help

#### H07000206757 3

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

WEE-CARE OF PINELLAS COUNTY, LLC

AUG

SECRETARY DIVISION OF

### **ARTICLE II - Address:**

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

4220 78TH WAY N ST PETERSBURG FL 33709

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

# LORI A WELLS 4220 78TH WAY N ST PETERSBURG FL 33709

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

#### H07000206757 3

## ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Manager

LORI A. WELLS
4220 78TH WAY N
ST PETERSBURG FL 33709

KARL WELLS
4220 78TH WAY N
ST PETERSBURG FL 33709

REQUIRED SIGNATURE:

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.)

LORIA. WELLS

Typed or printed name of signee