

L 67000085470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

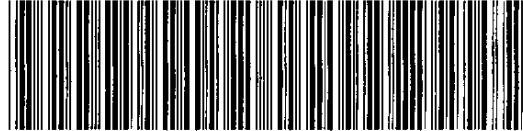
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ATL Total Home Care, LLC

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- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☒ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

WC 8/21 11:00

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

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

ARTICLE I

The name of the limited liability company is:

AJL TOTAL HOME CARE, LLC

ARTICLE II

The mailing and street address of the Company's principal office is:

12741 Kentwood Avenue
Fort Myers, FL 33913

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

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TALLAHASSEE, FLORIDA

ARTICLE IV

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

Larry W. Hertel
12741 Kentwood Avenue
Fort Myers, FL 33913

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 the 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.

Registered Agent Signature: _____


Larry W. Hertel

ARTICLE V

The name and address of managing members/managers are:

Title: Managing Member

Larry W. Hertel
12741 Kentwood Avenue
Fort Myers, FL 33913

Title: Managing Member

JeAnne L. Hertel
12741 Kentwood Avenue
Fort Myers, FL 33913

ARTICLE VI

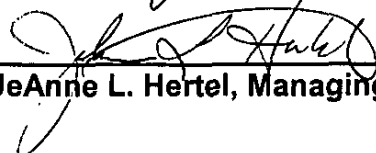
The effective date for this Limited Liability Company shall be:

Upon filing with the Secretary of State.

Signature of member or an authorized representative of a member:



Larry W. Hertel, Managing Member



JeAnne L. Hertel, Managing Member