

LO700021812

Charlette Collier

(Requestor's Name)

4434 Ringneck Rd

(Address)

Orlando, FL 32808

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

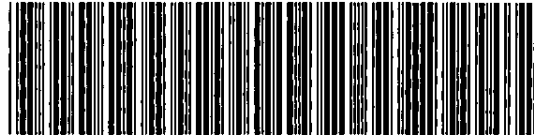
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W07-49493

Office Use Only



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10/04/07--01035--021 **150.00

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TALLAHASSEE, FLORIDA

12/7



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2007

CHARLETTE COLLIER
4434 RINGNECK RD
ORLANDO, FL 32808

SUBJECT: CENTER PEACE RESIDENTIAL GROUP CARE, LLC
Ref. Number: W07000049493

We have received your document for CENTER PEACE RESIDENTIAL GROUP CARE, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit Articles of Organization for the resulting Florida limited liability company along with the Certificate of Conversion. The Articles of Organization must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 207A00058405

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2007

CHARLETTE COLLIER
4434 RINGNECK RD
ORLANDO, FL 32808

SUBJECT: CENTER PEACE RESIDENTIAL GROUP CARE, LLC
Ref. Number: W07000049493

FILED
2007 DEC - 6 P 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CENTER PEACE RESIDENTIAL GROUP CARE, LLC. However, the document has not been filed and is being returned for the following:

The certificate of conversion was not returned with the articles of organization. Please return the certificate of conversion so the documents can be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 907A00065479

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Center Peace Residential Group Home, LLC
(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:

Charlette D. Collier

(Name of Person)

(Firm/Company)

4434 Ring Neck Rd.

(Address)

Orlando, FL 32808

(City/State and Zip Code)

For further information concerning this matter, please call:

Charlette Collier

(Name of Person)

at (321) 3036584

(Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & 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:

Center Peace Residential Group Care, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

4434 Ring Neck Rd.
Orlando, FL 32808

Mailing Address:

→ SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Charlotte Collier

Name

4434 Ring Neck Rd.

Florida street address (P.O. Box NOT acceptable)

Orlando

FL

32808

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 (REQUIRED)

(CONTINUED)

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:

MGR

Charlette Collier

4434 Ring Neck Rd.
Orlando, FL 32808

MGRM

Cheryl Hagins

4482 Oak Arbor Circle
Orlando, FL 32808

MGRM

Rosemary Collier

4434 Ring Neck Rd
Orlando, FL 32703

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Charlette Collier

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)