

L07000128243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

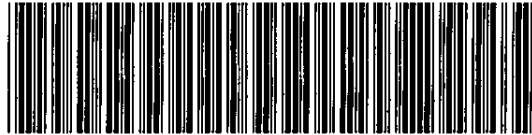
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800112977208

12/14/07--01004--022 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 28 PM 2:40

W07-60798
J. BRYAN DEC 17 2007

J. BRYAN

DEC 31 2007

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A TOUCH OF HOME CARE L.L.C.
(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:

ANTHONY B CUNNINGHAM MGR

(Name of Person)

A TOUCH OF HOME CARE L.L.C.

(Firm/Company)

9771 SUNSET STRIP

(Address)

SUNRISE FLORIDA 33322

(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 28 PM 2:40

For further information concerning this matter, please call:

ANTHONY B CUNNINGHAM MGR at **954** **822 9660**
(Name of Person) (Area Code & Daytime Telephone Number)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2007

ANTHONY B. CUNNINGHAM
A TOUCH OF HOME CARE L.L.C.
9771 SUNSET STRIP
SUNRISE, FL 33322

SUBJECT: A TOUCH OF HOME CARE L.L.C.
Ref. Number: W07000060798

FILED
SECRETARY OF CORPORATIONS
07 DEC 28 PM 2:40

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 14, 2007. Please amend your document accordingly.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 607A00070316

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A TOUCH OF HOME CARE L.L.C.

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

ARTICLE II - Address:

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

Principal Office Address:

9771 SUNSET STRIP
SUNRISE FLORIDA 33322

Mailing Address:

9771 SUNSET STRIP
SUNRISE FLORIDA 33322

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:

DAWN BARKER

Name

3761 NW 29 ST

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

LAUDERDALE LAKES, FL FLORIDA 33311

City, State, and Zip

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 28 PM 2:40

(CONTINUED)

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

ANTHONY B CUNNINGHAM MGR

3333 NW 34 STREET

LAUDERDALE LAKES FLORIDA 33309

MARVALINE J CUNNINGHAM MGRN

3333 NW 34 STREET

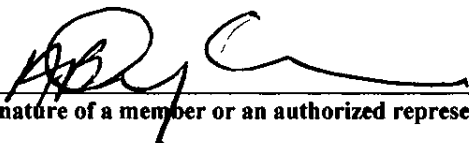
LAUDERDALE LAKES FLORIDA 33309

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 28 PM 2:40

(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.)

ANTHONY B CUNNINGHAM MGR

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)