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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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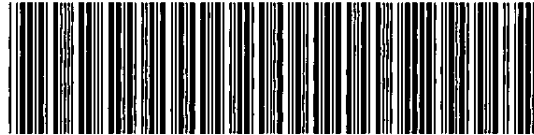
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Helpers Care, 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:

Tanishia Findlay Stokes, Esquire

(Name of Person)

Law Office of T. Findlay Stokes, P.A.

(Firm/Company)

1 S.W. 129th Avenue, Suite 404

(Address)

Pembroke Pines, Florida 33027

(City/State and Zip Code)

For further information concerning this matter, please call:

Tanishia Findlay Stokes, Esquire

(Name of Person)

at (954) 447-2082

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2008

TANISHIA FINDLAY STOKES, ESQ.
1 S.W. 129TH AVENUE, SUITE 404
PEMBROKE PINES, FL 33027

SUBJECT: MY HELPERS CARE, LLC
Ref. Number: W08000021991

We have received your document for MY HELPERS CARE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 208A00027564

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

Page 1 of 2
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TALLAHASSEE FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is:

MY HELPERS CARE, LLC

ARTICLE II- Address:

The principal place of business and mailing address of the Limited Liability Company is:

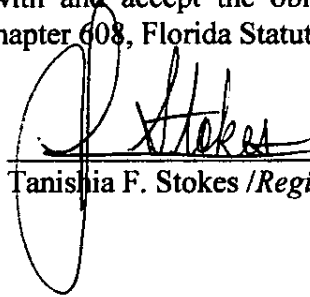
1 S.W. 129TH Avenue, Suite 404
Pembroke Pines, Florida 33027

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

The name and address of the initial registered agent is:

Tanishia F. Stokes
1 S.W. 129TH Avenue, Suite 404
Pembroke Pines, Florida 33027

Having been named as registered agent and to accept service of process for the above stated corporation 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, Florida Statute.



Tanishia F. Stokes /Registered Agent

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:

MGRM

TANISHIA F. STOKES
1 S.W. 129TH Avenue, Suite 404
Pembroke Pines, Florida 33027

CERTIFICATION OF MEMBER

Under Penalties of perjury, I declare that I have read the foregoing, and that the fact alleged herein are true and correct to the best of my knowledge and belief. I further certify that based on my own personal knowledge and information, all the fact alleged herein are true and correct.



TANISHIA F. STOKES / *Managing Member*

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