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J. BRYAN
JUL 21 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RE HOMECARE, 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:

ELZA PIERRE TOUSSAINT
(Name of Person)

RE HOMECARE, LLC.
(Firm/Company)

15047 84th Rd NORTH
(Address)

LOXAHATCHEE, FL 33470
(City/State and Zip Code)

For further information concerning this matter, please call:

ELZA PIERRE TOUSSAINT at 561, 541-4354
(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

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**ARTICLES OF ORGANIZATION
OF
RE HOMECARE, LLC.**

ARTICLE I - NAME

The name of the limited liability company is RE HomeCare, LLC., ("company").

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ARTICLE II - ADDRESS

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

Principal Office Address:

6174 Arcade Ct
Lake Worth, Florida 33463

Mailing Address:

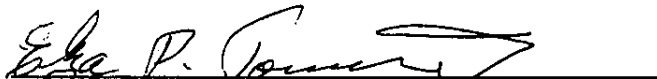
15047 87th RD. North
Loxahatchee, Florida 33470

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Elza Pierre Toussaint
15047 87th RD North
Loxahatchee, Florida 33470

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..


Elza Pierre Toussaint

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title
"MGMR" = Managing Member

Name and Address:

MGMR

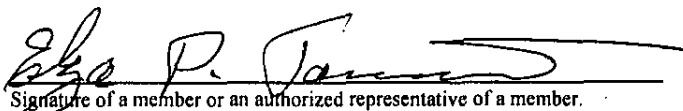
Roni Florvil
15047 87th RD. North
Loxahatchee, Florida 33470

MGMR

Elza Pierre Toussaint
15047 87th Rd North
Loxahatchee, Florida 33470

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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.)

Elza Pierre Toussaint
Typed or printed name of signee