

LOGU00072891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

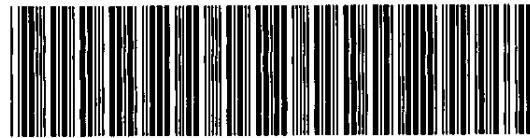
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400133403404

07/30/08--01002--009 **125.00

RECEIVED

08 JUL 29 PM 3:51

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

JUL 30 2008

EXAMINER

FILED

08 JUL 29 AM 9:15

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

Caregiving Counsel, LLC

FILED
08 JUL 29 AM 9:15
TALLAHASSEE, FLORIDA

____ 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

W.C. 7/29 3:30

**ARTICLES OF ORGANIZATION
FOR**

Caregiving Counsel, LLC

FILED
08 JUL 29 AM 9:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **Caregiving Counsel, LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **2605 W. Atlantic Ave., Suite A-104, Delray Beach, FL 33445.**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Scott M. Solkoff, Solkoff Legal, P.A., 2605 W. Atlantic Ave., Suite A-103, Delray Beach, FL 33445.**

ARTICLE IV: MANAGING MEMBERS


The name and address of the initial Managing Members of the company are:

David J. Levy, Managing Member, 2605 W. Atlantic Ave., Suite A-104, Delray Beach, FL 33445

Scott M. Solkoff, Managing Member, 2605 W. Atlantic Ave., Suite A-104, Delray Beach, FL 33445

The undersigned has executed these Articles of Organization this 29th day of July 2008.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"

A handwritten signature in dark ink, appearing to read 'Weimar Lopez', is written over a horizontal line.

Authorized Representative

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the company is: Caregiving Counsel, LLC

2. The name and address of the registered agent and office is: Scott M. Solkoff, Solkoff Legal, P.A., 2605 W. Atlantic Ave,
Suite A-103, Delray Beach, FL 33445

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.