L08000092104

(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



800136411728

09/29/08--01008--002 **125.00

DEPARTMENT OF STATE DIVISION OF CORPORATIONS OF THE PROPERTION OF THE PROPERTY OF THE PROPERTY

OB SEP 29 AM 9: 10

B. KOHR

SEP 2 9 2008

EXAMINER



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Walk-In

Will Pick Un

L+L-Complete Home	
Care LLC	
	- 08 SET F
	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
Signature	Fictitious Search Fictitious Owner Search Vehicle Search
Requested by: Sth 4/29 92'60	Driving Record UCC 1 or 3 File UCC 11 Search
Name Date Time	UCC 11 Retrieval

CAPITAL CONNECTION, INC.

COME TO THE PERSON OF THE PERS

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L+L	Comp	lete	Home
Care	LLC		

Signature

Name

Walk-In

Requested by:

Date

Will Pick Up

Time

	· · · · · · · · · · · · · · · · · · ·
	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
<u></u>	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

ARTICLES OF ORGANIZATION **OF** L & L COMPLETE HOME CARE, LLC

OBSER 29 PM 1:15 The undersigned, Lorenzo R. Davis Sr. and Solomon S. Davis Jr., as the subscribers to these Articles of Organization, hereby present these Articles for the formation of a limited liability company under the provisions of Florida Statutes Chapter 608.

ARTICLE I. NAME OF LIMITED LIABILITY COMPANY

The name of the limited liability company shall be L & L Complete Home Care, LLC

ARTICLE II. TERM OF EXISTENCE

The existence of this limited liability company shall commence upon the date of filing of these Articles of Organization with the Department of State, State of Florida, and shall be perpetual unless earlier terminated in accordance with the laws of the State of Florida.

ARTICLE III. PRINCIPAL PLACE OF BUSINESS

The principal place of business, mailing address and initial registered office of the limited liability company shall be 12640 Wilcox Rd Largo, FL 33778, located in Pinellas County, Florida, but the limited liability company shall have the power to establish branch offices and other places of businesses at such other place or places within or without the State of Florida as may be determined and deemed expedient.

ARTICLE IV. **INITIAL REGISTERED AGENT**

The initial registered agent of the limited liability company shall be the following named person at the following address:

NAME OF REGISTERED AGENT:

DAVID A. BACON

ADDRESS OF REGISTERED AGENT:

2959 First Avenue North

St. Petersburg, Florida 33713

ARTICLE V. MANAGEMENT

The Limited Liability Company created and formed by the filing of these Articles of Organization shall be a member-managed company. _Solomon S. Davis Jr._ is the initial Managing Member.

IN WITNESS WHEREOF, we, the undersigned, have hereunto set our hands and seals, acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida, this 25 day of September, 2008.

Lorenzo). (aux)
Lorenzo B. Davis Sr.

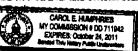
Solomon S. Davis Jr.

STATE OF FLORIDA COUNTY OF PINELLAS

BEFORE ME personally appeared Lorenzo R. Davis Sr., to me well known and known to be the person described herein and who executed the foregoing instrument, and he acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS MY HAND and official seal, this <u>45</u> day of September, 2008.

My Commission



Catoe & Humphies

STATE OF FLORIDA COUNTY OF PINELLAS

BEFORE ME personally appeared Solomon S. Davis Jr., to me well known and known to be the person described herein and who executed the foregoing instrument, and he acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS MY HAND and official seal, this day of September, 2008.

My Commission Expires:



Catal & Hampheris

ACCEPTANCE BY REGISTERED AGENT

The undersigned hereby accepts the appointment as registered agent of L & L Complete Home Care, LLC which is contained in the foregoing Articles of Organization.

Dated this day of September, 2008.

DAVID A. BACON