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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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08 OCT -9 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 10 2008

EXAMINER

EFFECTIVE DATE 01/01/09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Divine Life Homecare
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Daphne Hogan
(Contact Person)
Divine Life Homecare
(Firm/Company)
659 W Weatherbee Rd
(Address)
Ft. Pierce, FL 34982
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Daphne Hogan at (772) 344 1409
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount: \$130.00 *(\$125.00 for Filing Fee for Articles of Organization and Designation of Registered Agent. \$5.00 Certificate of Status = \$130.00)*

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Divine Life Homecare, L.L.C.
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

659 W Weatherbee Rd
Ft. Pierce, FL 34982

659 W Weatherbee Rd
Ft. Pierce, FL 34982

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:

Daphne Harriel-Hogan
Name
659 W Weatherbee Rd
Florida street address (P.O. Box **NOT** acceptable)
Ft. Pierce FL 34982
City, State, and Zip

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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..

Daphne Harriel-Hogan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 01/01/09

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:

Manager

Daphne Hogan
659 W Weatherbee Rd
Ft. Pierce, FL 34982

MGRM

Linda Jacobs
1922 N 48th St
Ft. Pierce, FL 34947

MGRM

Darian Hogan
659 W Weatherbee Rd
Ft. Pierce, FL 34982

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/09
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:

Daphne Hogan
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.)

Daphne Hogan
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)

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