# L090000079543

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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2009 HAR 25 PH 2: 02 SECRETARY OF STATE

# **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT: Jewell	Guardianship and (			LLC	
•	(Name of Limited	Liability Compa	ny)		
The enclosed Articles of	Organization and fee(s) are sub	mitted for filing			
Please return all corresp	ondence concerning this matter	to the following:			
Telethia O	. Jewell				
	(Na	ime of Person)			
Jewell Gu	ardianship and Care	e Manager	ment, LLC		
	(Fi	rm/Company)			
P.O. Box 3	373276			YALL YALL	2009 MAR 25
		(Address)		A N	AR .
Satellite B	each, FL 32937			ARY	25 [
	(City/8	tate and Zip Code	)	E.F.	PA
For further information	concerning this matter, please ea	ıll:		orio P	PH 2: 02
Telethia O. Jev	vell	321 )	773-510	8	
(Name	of Person)	(Area Code	& Daytime Tele	phone Number)	
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130,00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	oy	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	tus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division G Clifton B 2661 Exe	urier Address on Section of Corporations uilding cutive Center C ce, FL 32301		

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name
------------------

The name of the Limited Liability Company is:

## Jewell Guardianship and Care Management, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:		
145 Waters Edge Lane	P.O. Box 373276		_
Indialantic, FL 32903	Satellite Beach, FL 32937	<u>₽₩</u>	700
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)  The name and the Florida street address of  Telethia O. Jewe	n Registered Agent. You must designate an indiv	CRE INTERIOR OF STATE Signification of STATE SIGNATURE OF STATE SIGNAT	2009 MAR 25 PM 2: 02
145 Waters Edg	je Lane		
Florida st	reet address (P.O. Box <u>NOT</u> acceptable)		
Indialantic, FL 3	2903 <sub>FL</sub>		
City.	State, and Zip		

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.

Registered Agent's Signature (REGUIRED)

(CONTINUED) Page 1 of 2

### **ARTICLE IV- Manager(s) or Managing Member(s):**

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
PMGR	Telethia O. Jewell	
	145 Waters Edge Lane	
	Indialantic, FL 32903	
	<del>D</del> S	2009 MAR 25
		) MAF
	AS	25
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	ST.	2: 02
	<u></u>	4 K
(Use attachment if necessary)		
	2/22/2000	
	n the date of filing: 3/23/2009 (OPTIO	
enective date is listed, the date mi 90 days after the date of filing.)	ust be specific and cannot be more than five business o	iays prie
o days after the date of filing.)		
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.)

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)