L0900004031/

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eschioso Entry Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
APR 2 7 2009
EXAMINER
i

Office Use Only



600149851906

04/24/09--01051--011 **130.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

09 APR 24 PM 4: 41

COVER LETTER

Division of C			
_{SUBJECT:} Valca	re Product & Service	es	
50000011	(Name of Limited	Liability Company)	
The enclosed Articles	of Organization and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
Valerie R	ichardson-Osborne		
	(N	lame of Person)	
N/A			
	(F	Firm/Company)	
7451 N.V	V. 16th Street, #503		
		(Address)	
Plantation	n, Florida 33313		2009, SEC; ALL,
	(City/S	State and Zip Code)	APR HA
For further information	n concerning this matter, please c	eall:	SECHETARY OF STA
Valerie Richa	rdson-Osborne	_{at} 954 548-194	O ORAL E C
(Nam	ne of Person)	(Area Code & Daytime Tele	ephone Number)
Enclosed is a check t	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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Com	pany is:
Valcare Product & Services,	L.L.C.
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7451 N.W. 16th Street, #503	7451 N.W. 16th Street, #503
Plantation, Florida 33313	Plantation, Florida 33313
U.S.A.	U.S.A.
business entity with an active Florida registration.) The name and the Florida street address	
Plantat	ST#503 street address (P.O. Box NOT acceptable) ioN FL 33313 ty, State, and Zip
liability company at the place design	t and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as acapacity. I further agree to comply with the provisions of all

Registered Agent's Signature (REQUIRED)

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.

(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:

MGR	Valerie Richardson-Osborne		
	Plantation, Florida 33313		
	U.S.A.		
		 	
		SECRETARY ALLAHASSE	
)9 A	
		APR	
		R 24 ASSE	-
		· ·	•
			IJ
	**************************************	* *	O
		FAJE ORDA	
(Use attachment if necessary)			

ARTICLE V: Effective date, if other than the date of filing: 415 200 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 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

icie Killinamisch

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)