

L090000095313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

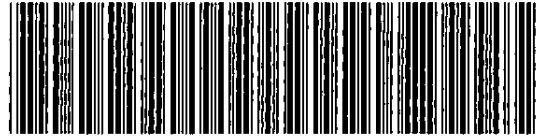
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/06/09--01014--015 **130.00

EFFECTIVE DATE
9/30/09

FILED
09 OCT -2 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gentry OCT - 5 2009

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CARE UNLIMITED FLORIDA,LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLTON DIXON

Name of Person

CARE UNLIMITED FLORIDA,LLC

Firm/Company

10790 NW 20TH COURT

Address

SUNRISE,FL. 33322

City/State and Zip Code

CARLTONLPN91@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLTON DIXON

Name of Person

at (954)

610-7842

Area Code & Daytime Telephone Number

Enclosed is a check 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 Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2009

CARLTON DIXON
10790 NW 20TH COURT
SUNRISE, FL 33322

SUBJECT: CARE UNLIMITED FLORIDA, LLC
Ref. Number: W09000035928

We have received your document for CARE UNLIMITED FLORIDA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 209A00027099

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CARE UNLIMITED FLORIDA, 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:

10790 NW 20TH COURT
SUNRISE, FL
33322

10790 NW 20TH COURT
SUNRISE, FL
33322

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:

CARLTON DIXON

Name

10790 NW 20TH COURT

Florida street address (P.O. Box NOT acceptable)

SUNRISE, FL 33322 FL

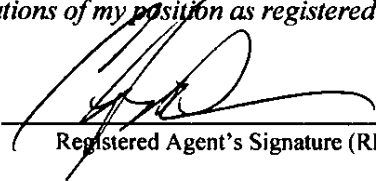
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

CARLTON DIXON

10790 NW 20TH COURT
SUNRISE, FL 33322

GEORGE FILKOWSKI

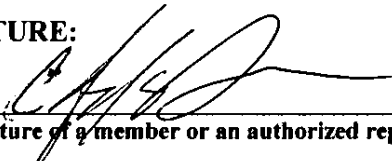
10790 NW 20TH COURT
SUNRISE, FL 33322

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09\30\2009 (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.)

CARLTON DIXON

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA