

L10000005468

(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



600163678506

01/07/10 - 01020 - 017 **125.00

FILED
10 JAN 14 AM 9:52
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

JAN 15 2010

EXAMINER

189-011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WAKING FLOWER HOME HEALTH AGENCY, 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:

DONALD F COOK

Name of Person

PROMPT TECH INC

Firm/Company

6600 N W 27TH AVE SUITE A-2

Address

MIAMI, FLORIDA 33147

City/State and Zip Code

promptech1145@urmailing.net

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

For further information concerning this matter, please call:

DONALD F COOK

Name of Person

at (386) 871-5660

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

RECEIVED

10 JAN 14 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 8, 2010

DOANLD F COOK
PROMPT TECH INC
6600 NW 27TH AVE - STE A-2
MIAMI, FL 33147

SUBJECT: WAKING FLOWEER HOME HEALTH AGENCY, LLC
Ref. Number: W10000000881

We have received your document for WAKING FLOWEER HOME HEALTH AGENCY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the word in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled . If you did not misspell this word intentionally, please correct the spelling to read and resubmit the document for processing.

FLOWEER OR FLOWER

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 510A00000615

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Flower
WAKING FLOWER HOME HEALTH AGENCY, 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:

RENETTE RICHARDS

Mailing Address:

2209 ATLANTA ST. HOLLYWOOD, FL

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:

PROMPT TECH INC

Name

6600 N W 27TH AVE SUITE A-2,

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

MIAMI, FLORIDA 33147 FL

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 (REQUIRED)

(CONTINUED)

10 JAN 14 AM 9:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

RENETTE RICHARDS, MGR

2209 ATLANTA STREET
HOLLYWOOD, FLORIDA 33020

MARIA LAMANDÉ, MGRM,

2209 ATLANTA STREET
HOLLYWOOD, FLORIDA 33020

WENDELL WALKER, MGR

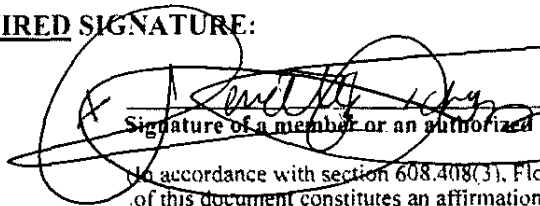
2209 ATLANTA STREET
HOLLYWOOD, FLORIDA 33020

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

RENETTE RICHARDS

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)

FILED
10 JAN 14 AM 9:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS