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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 30 PM 12:53

B. KOHR

JUL 12 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2010

BIANCA BARA DAVIS
ACTI-KARE RESPONSIVE IN-HOME CARE
610 45TH STRET EAST
PALMETTO, FL 34221

SUBJECT: B.DAVIS LC
Ref. Number: W10000031537

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LU6000026227

We have received your document for B.DAVIS LC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$160.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 110A00016177

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bianca Davis "For Your Peace of Mind" LLC
Name of Limited Liability Company

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 30 PM 12:53

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

Please return all correspondence concerning this matter to the following:

Bianca Bara Davis

Name of Person

Acti-Kare Responsive In-Home Care

Firm/Company

610 45Th Street East

Address

Palmetto FL 34221

City/State and Zip Code

b.bianca.davis@hotmail.com

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

For further information concerning this matter, please call:

Bianca Bara Davis

Name of Person

at (941) 224-3327

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIANCA DAVIS FOR YOUR PEACE OF MIND 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:

Bianca Davis

610 45th Street East

Palmetto FL 34221

Mailing Address:

BIANCA DAVIS

610 45TH ST. E

PALMETTO FL 34221

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:

Bianca Bara Davis

Name

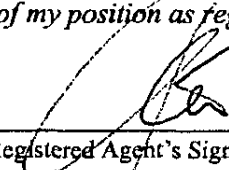
610 45th Street East

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

PALMETTO FL 34221

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)

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DIVISION OF CORPORATIONS
10 JUN 30 PM 12:53

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:

MGR

Bianca Bara Davis

610 45th Street East

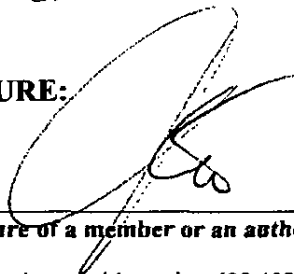
Palmetto FL 34221

(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.)

Bianca Bara Davis

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)