

L10000104924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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10 OCT -6 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1-44613

J. BRYAN

OCT -7 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

PALM BAY ADULT HOME CARE
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:

DELETA EARLE

Name of Person

PALM BAY ADULT HOME CARE

Firm/Company

2670 PALISADES DRIVE

Address

PALM BAY FL. 32909

City/State and Zip Code

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

For further information concerning this matter, please call:

DELETA EARL

Name of Person

at (321) 557-1539

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

FILED
OCT - 6 PM 1:39
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2010

DELETA EARLEE DR. SE
PALM BAY ADULT HOME CARE LLC
2670 PALISADES DRIVE
PALM BAY, FL 32909

SUBJECT: PALM BAY ADULT HOME CARE LLC
Ref. Number: W10000044613

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PALM BAY ADULT HOME CARE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We didn't receive the 2nd page of application.,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 710A00022645

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Palm Bay Adult Home Care 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:

2670 Palisade Dr. SE
Palm Bay FL 32905

2670 Palisade Dr.
Palm Bay FL 32905

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:

Deleta Earle
Name

2670 Palisades Dr. SE
Florida street address (P.O. Box **NOT** acceptable)

2670 Palisade FL Palm Bay FL 32909
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Deleta Earle
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:

Manager

Deleta Earle
2670 Palisade Dr
Palm Bay, FL 32909

MGRM

Nadine Bailey
951 Eastlake Street
Palm Bay, FL 32909

MGRM

Violet Cole
1127 Collonade Ave
Palm Bay, FL 32909

MGRM

Juilet Knight
1127 Collonade Ave
Palm Bay, FL 32909

(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:

Deleta Earle
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.)

Deleta Earle
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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TALLAHASSEE, FLORIDA