10000111985

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		,





900185420939

09/21/10--01017--018 **160.00



WIPT LYANGE

S. HAWKES

SEP 2 2 2010

EXAMINER



September 22, 2010

JANICE RIDENOUR 7456 SALLY LYN LANE LAKE WORTH, FL 33467

SUBJECT: FAMILY MATTERS OF FLORIDA, LLC

Ref. Number: W10000044409

We have received your document for FAMILY MATTERS OF FLORIDA, 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):

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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 010A00022541

COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: FOL	nily Matters	of Florida, L	LC_
	Name of Limit	ed Liability Company	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	ter to the following:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Janic	e Ridenour	
Name of Person			
J. Zollo a Associates, Inc.			
Firm/Company			
	7456	Sally lyn	lane
	Address		
	Lake	Worth, fc	33467
	Cit	y/State and Zip Code	
	J LOLLO INC	2001.com	
	E-mail address: (to be used t	for future annual report notification)	
For further information	concerning this matter, please	e call:	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	D. donour	57.1 000 -	7000
unice	Kudenour	at (Sul) 909 - Area Code & Daytime Tele	hone Number
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee .	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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: Family Matters & More of 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:
7456 Sally Lyn Lane 7456 Sally Lyn lane Lake Worth, FL 33467 Lake Worth, FL 33467
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:
Janice Ridenour
Name
7456 Sally Lyn Cane
Florida street address (P.O. Box NOT acceptable)
1210 1204h or 23467

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM_	Janice Ridenour 7456 Sally lun lane
	Lake Worth FL 33467
MGRM	Gregory Lidenour 7450 Souly lyn Lane Loule Wordh, PC 334007
	T 26 AM 10:
	3 S
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	ne date of filing: (OPTIONAL)
(If an effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior
Signature of a mem	ber or an authorized representative of a member.
(In accordance with sof this document conthat the facts stated h	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
Jani	

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)