

L10000131823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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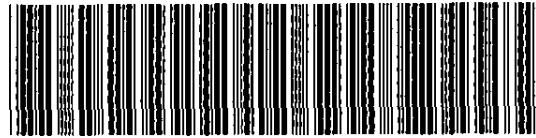
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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10 DEC 28 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

DEC 28 2010

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Country Living 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:

21301 NE 14th Avenue
Lawley, FL 32058

Mailing Address:

PO Box 354
Lawley, FL 32058

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:

Chrissy D. Sherman
Name

3188 Trout Creek Court

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

St. Augustine FL 32092
City, State, and Zip

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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..

Chrissy D. Sherman
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

MGR

MGRM

MGRM

MGRM

Name and Address:

Tirosia E. Bright
7486 Paradise Drive
Keystone Heights, FL 32856

Tonjaia C. Tyson
307 N Church St
Starke, FL 32091

Chrissy D. Sherman
3188 Trout Creek Court
St. Augustine, FL 32092

A'Lesha M. Sherman
3390 Banks Rd Apt 203
Margate, FL 33063

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-3-11 (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:

Tirosia E. Bright

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.)

Tirosia E. Bright
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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