

L11000115277 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

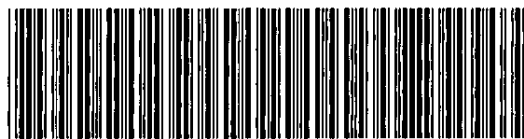
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/03/11--01001--011 **125.00

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11 OCT -7 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
OCT 10 2011
EXAMINER

Attention: Barbara Bostick

Fax: 850-245-6030

To whom it may concern:

I Pashier Davis, being the same owner and operator of Right Quality Care, L.L.C L09000115718 and I have no intention on reinstating that cooperate Document number.

Thank You

A handwritten signature in cursive script that reads "Pashier Davis". The letter "P" is significantly larger and more stylized than the rest of the name.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RIGHT QUALITY CARE, L.L.C.
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:

Pashion L. Davis
Name of Person

RIGHT QUALITY CARE, L.L.C.
Firm/Company

1412 13th Avenue South
Address

Saint Petersburg, Florida 33705
City/State and Zip Code

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

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11 OCT -7 AM 8:19
SEALERS OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Pashion L. Davis at (**727**) **512-0979**
Name of Person 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

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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:

RIGHT QUALITY CARE, L.L.C.

(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:

1412 13TH AVENUE SOUTH
SAINT PETERSBURG, FL 33705

Mailing Address:

1412 13TH AVENUE SOUTH
SAINT PETERSBURG, FL 33705

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:

Pashion L. Davis

Name

1412 13TH AVENUE SOUTH

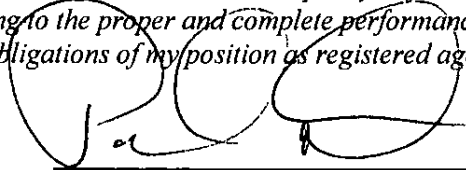
Florida street address (P.O. Box **NOT** acceptable)

Saint Petersburg FL 33705

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.



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:

MGR

Pashion L. Davis

1412 13th Avenue South

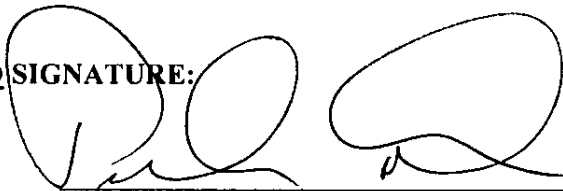
Saint Petersburg, Fl 33705

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TALLAHASSEE, FLORIDA

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Pashion L. 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)

The purpose of which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2011

PASHION L. DAVIS
1412 13TH AVENUE SOUTH
ST. PETERSBURG, FL 33705

SUBJECT: RIGHT QUALITY CARE, L.L.C.
Ref. Number: W11000051155

We have received your document for RIGHT QUALITY CARE, L.L.C. and your check(s) totaling \$125.00. 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.

the document number of the name conflict is L09000115718,

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 011A00022839