

#L11000127304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

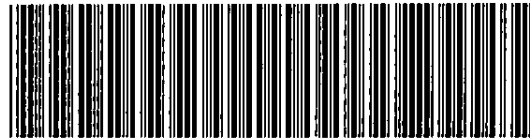
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTION TO MGR PER
CONVERSATION WITH
MARY FRANCES PETERSON
11-8-2011 KS

Office Use Only



700213865227

EFFECTIVE DATE
11-3-2011

11/07/11--01047--011 **130.00

FILED
11 NOV -7 PM 4:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
NOV 8 2011

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Quality In-Home Senior Care, LLC
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:

Mary Frances Peterson

Name of Person

Quality In-Home Senior Care, LLC

Firm/Company

3900 SouthPoint Dr., Ste. # 123

Address

Orlando, FL 32822

City/State and Zip Code

pertersonfrance@yahoo.com

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

For further information concerning this matter, please call:

Mary Frances Peterson

Name of Person

at (321) 331-9647

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:

EFFECTIVE DATE
11-3-2011

Quality In-Home Senior 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:

3900 SouthPoint Dr., Ste. # 123
Orlando, FL 32822

Mailing Address:

3900 SouthPoint Dr., Ste. # 123
Orlando, FL 32822

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:

Mary Frances Peterson

Name

3900 SouthPoint Dr., Ste. # 123

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

Orlando

FL 32822

City, State, and Zip

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11 NOV -7 PM 4:14
SECRETARY OF STATE
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..

Mary Frances Peterson
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:

Owner (MGRM)

Mary Frances Peterson

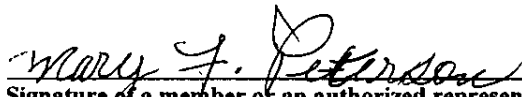
3900 SouthPoint Dr., Ste. # 123

Orlando, FL 32822

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Nov 3rd 2011. (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.)

Mary Frances Peterson

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)