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C. LEWIS

MAR 1 8 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 51st Avenue South Group Home
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:
Darren Milton
Name of Person
Veronica's Cape Inc
Firm/Company
P.O. Box 12816
Address
St. Peters burg, FL 33733 City/State and Zip Code
City/State and Zip Code
City/State and Zip Code dicmilton@msn-com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
No.
Darren Milton at (727) 280-3214
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy} (additional copy is enclosed)}\$\$
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Circle Tallahassee, FL 32301 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	i:
51st Avenue South Group Ho (Must end with the words "Limited Liab	ome LLC. pility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
6255 Dr MLK Jr St So St Petersburg, FL 33705	6255 Dr MLK Jr St So 5t Petersburg, FL 33705
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Nam <u>4310 W ARC+</u> Florida street a	ddress (P.O. Box NOT acceptable)
TAMPA	FL 33407 \$\frac{1}{2} \frac{1}{2} \frac{1}{2}

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)

THE HAINE AND ADDRESS OF EACH	r Managing Member(s): Manager or Managing Member is as follows: 12 MAD 10
	r Managing Member(s): Manager or Managing Member is as follows: 12 HAR 12 F
Title:	Name and Address: SECRETARY OF TALLAHASSEE.
MGR" = Manager MGRM" = Managing Membe	ar · · · · · · · · · · · · · · · · · · ·
MGR	Darren Wilton
	St Petershung FL 33705
1100	SI ICIES DVIO, I C JON
MGR	Veronica Milton
	St Petersburg, FL 33705
	W 15/5/14/15 32/23

(Use attachment if necessary)	
-	nan the date of filing: (OPTIONAL
LE V: Effective date, if other th	nan the date of filing: (OPTIONAL nust be specific and cannot be more than five business days
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LE V: Effective date, if other the detective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document
LE V: Effective date, if other the detective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sectionstitutes an affirmation of the date of t	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sectionstitutes an affirmation I am aware that any false constitutes a third degree.	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. See information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sectionstitutes an affirmation I am aware that any false constitutes a third degree.	must be specific and cannot be more than five business days member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)