

L12000036253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 13 PM 1:46

MAR 14 2012

T. HAMPTON

12-8936

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: tender loving home care services 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:

MARIE R. LEGER

Name of Person

TENDER LOVING HOME CARE SERVICES

Firm/Company

PO BOX 7504

Address

PORT ST. LUCIE FLORIDA 34985

City/State and Zip Code

marieroseleger72@yahoo.com

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

For further information concerning this matter, please call:

MARIE ROSE LEGER

Name of Person

at (772) 342-2012

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 MAR 13 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 15, 2012

MARIE R LEGER
P O BOX 7504
PORT ST LUCIE, FL 34985

SUBJECT: TENDER LOVING HOME CARE SERVICES LLC
Ref. Number: W12000008936

We have received your document for TENDER LOVING HOME CARE SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 15, 2012. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 512A00007013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TENDER LOVING HOME CARE SERVICES 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:

1605 SE PORT ST LUCIE BLVD
PORT ST. LUCIE FL. 34953

Mailing Address:

P.O BOX 7504
PORT ST LUCIE FL. 34985-7504

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:

MARIE ROSE LEGER

Name

405 sw namoit place

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

port st lucie florida 34953

FL

City, State, and Zip

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:

MGRM

MARIE ELZA GUERY
1692 SW LONGREN AVE
PORT ST LUCIE FL. 34953

MGRM

JACKSON ST LOUIS
541 SE KARRIGAN TERR
PORT ST LUCIE FLA, 34983

MGR

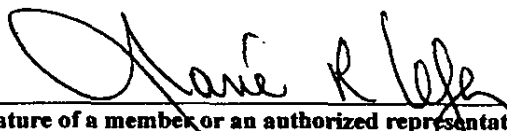
MARIE ROSE LEGER
405 SW NAMOIT PLACE
PORT ST LUCIE FLA. 34953

(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.)

MARIE ROSE LEGER

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)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 13 PM 1:46