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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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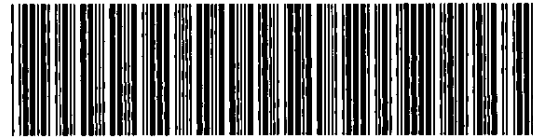
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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T. CLINE

APR 24 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A GOLDEN CARE HOME OF WELLINGTON 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:

CLYDE W. LARMAN

Name of Person

AGOLDEN CARE HOME OF WELLINGTON LLC

Firm/Company

4869 NW 124 WAY

Address

CORAL SPRINGS, FL 33076

City/State and Zip Code

clyde_larman@msn.com

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

For further information concerning this matter, please call:

CLYDE W. LARMAN

Name of Person

at (954) 415-1106

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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**ARTICLES OF ORGANIZATION
FOR A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

A GOLDEN CARE HOME OF WELLINGTON LLC

ARTICLE II - Address:

The street address of the principal office of the Limited Liability Company is:

13752 YARMOUTH DRIVE
WELLINGTON, FL 33414

The mailing address of the Limited Liability Company is:

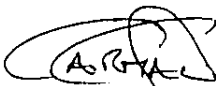
4869 NW 124TH WAY
CORAL SPRINGS, FL 33076

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

CLYDE W. LARMAN
4869 NW 124TH WAY
CORAL SPRINGS, FL 33076

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

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>	<u>Membership Interest</u>
MGRM	CLYDE W. LARMAN 4869 NW 124 TH WAY CORAL SPRINGS, FL 33076	48%
MGRM	DENISE Y. LARMAN 4869 NW 124 TH WAY CORAL SPRINGS, FL 33076	48%
		4% Reserved

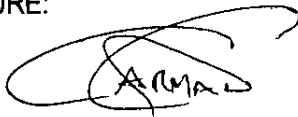
ARTICLE V- Managing Member's:

In addition to all of the other powers set forth in § 608, et seq., Florida Statutes, the Manager or Managing Member of this limited liability company shall have the power to adopt, alter, amend, or repeal the operating agreement of a limited liability company.

ARTICLE VI: Amendments:

The only electronic amendments to these articles are those filed commensurate with the Annual Report. All other amendments or changes to these articles must be submitted to the Division of Corporations in writing, signed by the original incorporator or managing member of this Limited Liability Company and notarized to be valid. Therefore, electronic changes of directors or officers or amendment to these articles not filed as part of the Annual Report are invalid and unreliable. Request corporate validation of any such amendment by sending an email to clayde_larman@msn.com

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with § 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 § 817.155, F.S.)

CLYDE W. LARMAN

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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