

L120000074 241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

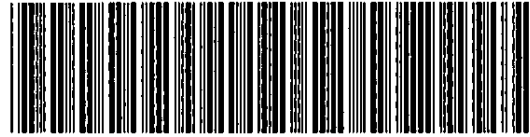
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12 JUN - 1 AM 8:46



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 1, 2012

VIVIANE MARCELLUS  
1631 TUGWELL STREET  
PALM BAY, FL 32909

SUBJECT: COMPASSIONATE CARE LLC  
Ref. Number: W12000023967

12 JUN - 1 AM 8:14  
RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

We have received your document for COMPASSIONATE CARE LLC and your check(s) totaling \$155.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The administratively dissolved entity with a similar name is COMPASSIONATE CARE, INC.

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) 245-6051.

Buck Kohr  
Regulatory Specialist II

Letter Number: 512A00013177

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMPASSIONATE 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:

VIVIANE MARCELLUS

Name of Person

COMPASSIONATE CARE LLC

Firm/Company

1631 TUGWELL STREET

Address

PALM BAY, FL 32909

City/State and Zip Code

vivianemarcellus@rocketmail.com

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

For further information concerning this matter, please call:

VIVIANE MARCELLUS

Name of Person

at ( 321 ) 821-8851-8420  
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

FILED  
JUN 1 2005  
AM 8:46  
TALLAHASSEE, FL  
CLERK OF COURT

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**COMPASSIONATE CARE ALF LLC**

**ARTICLE II - Address:**

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

COMPASSIONATE CARE ALF LLC  
302 BORDEAUX AVENUE  
PALM BAY, FL 32909

The mailing address of the Limited Liability Company is:

COMPASSIONATE CARE ALF LLC  
ATTN: VIVIANE MARCELLUS  
1631 TUGWELL STREET  
PALM BAY, FL 32909

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

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

VIVIANE MARCELLUS  
1631 TUGWELL STREET  
PALM BAY, FL 32909

*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

12 JUN - 1 AM 8:46

#### 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	VIVIANE MARCELLUS 1631 TUGWELL STREET PALM BAY, FL 32909	95%
M	FRANTZ MARCELLUS 1631 TUGWELL STREET PALM BAY, FL 32909	1%
		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 [vivianemarcellus@rocketmail.com](mailto:vivianemarcellus@rocketmail.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.)

VIVIANE MARCELLUS

Typed or printed name of signee