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SECRETARY OF STATE

K.SALY EXAMINER JUL 5 - 2012

## **COVER LETTER**

TO:	Registration So Division of Co			
SUBJE	<sub>ECT:</sub> Kara's	Home Conciere	ge Services LLC	
		Name of Limit	ted Liability Company	
The en	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all correspo	ondence concerning this mat	ter to the following:	
	Kara L. U	llom		
			Name of Person	
	Kara's Ho	me Concierge S	Services LLC	
			Firm/Company	
	431 San J	lose Drive		
•			Address	
,	Winter Hav	en FL 33884		
,		Cit	ty/State and Zip Code	
-	ullomk@yah		A. A	
			for future annual report notification)	
For fur	ther information of	oncerning this matter, pleas	e call:	
Kara	L. Ullom		at (863 324-0720	
	Name o	f Person	Area Code & Daytime Telep	hone Number
Enclos	ed is a check for	the following amount:		
		\$130.00 Filing Fee & Certificate of Status	S155.00 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 C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# Kara's Home Concierge 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:	Mailing Address:
431 San Jose Drive	431 San Jose Drive
Winter Haven FL 33884	Winter Haven FL 33884

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:

Kara L. Ullom		司祭 方
Ŋ	Vame	Es E
431 San Jose	Drive	72
Florida stre	et address (P.O. Box NOT acceptable)	
Winter Haven	<sub>FL</sub> 33884	四のマ
Ci	ty, State, and Zip	5

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 (REOUIRED)

(CONTINUED)

Page 1 of 2

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

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

ve 33884	
33884	<del></del>
· · · · · · · · · · · · · · · · · · ·	
	<del></del>
	<del></del>
· · · · · · · · · · · · · · · · · · ·	

#### **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.)

Typed or printed name of signee

Kara L. Ullom

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)