

L12000144106

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 NOV 13 AM 8:12

J. SAULSBERRY
EXAMINER

NOV 14 2012

ORIGINAL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERSONAL CARE TRANSPORTATION, 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:

INEZ L. WILLIAMS

Name of Person

PERSONAL CARE TRANSPORTATION, LLC.

Firm/Company

4667 MERLOT DRIVE

Address

VIERA, FLORIDA 32955

City/State and Zip Code

pctransit33@gmail.com

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

For further information concerning this matter, please call:

INEZ L. WILLIAMS

Name of Person

at (321)

271-9381

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

2017 NOV 13 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PERSONAL CARE TRANSPORTATION, 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:

4667 MERLOT DRIVE
VIERA, FLORIDA 32955

Mailing Address:

4667 MERLOT DRIVE
VIERA, FLORIDA 32955

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:

MICHAEL WAPPLER LEGAL EAGLE PARALEGALS, INC.

Name

927 E. NEW HAVEN AVENUE #304

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

MELBOURNE

FL

32904

City, State, and Zip

INEZ WILLIAMS

PERSONAL CARE

TRANSPORTATION

4667 MERLOT DR

VIERA, FL 32955

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.

Michael Wappler
Registered Agent's Signature (REQUIRED)

Inez Williams

(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:

MGR

INEZ L. WILLIAMS

4667 MERLOT DRIVE

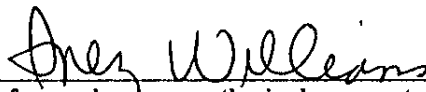
VIERA, FL 32955

(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.)

INEZ WILLIAMS

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)