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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
NOV 26 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Susan's Caregivers, 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:

Valentina Chapman
Name of Person

CRAMER LAW CENTER, P.L.
Firm/Company

4217 Baymeadows Rd., Ste 1
Address

Jacksonville, FL 32217
City/State and Zip Code

valentina@cramerlawcenter.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valentina Chapman at 904 448-9978
Name of Person 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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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION OF
SUSAN'S CAREGIVERS, LLC**

The undersigned hereby executes and acknowledges the following Articles of Organization for the purpose of forming a limited liability company under the Limited Liability Company law of the State of Florida.

Article I: Name of Limited Liability Company

The name of the limited liability company is **SUSAN'S CAREGIVERS, LLC** (the "Company").

Article II: Address

The mailing address and street address of the Company's principal place of business in this state is:

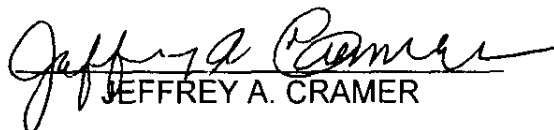
3581 Jose Terrace
Jacksonville, FL 32217

Article III: Registered Agent, Registered Office, & Registered Agent's Signature

The name and address of the registered agent for service of process in the State of Florida is:

JEFFREY A. CRAMER
4217 Baymeadows Road, Suite 1
Jacksonville, FL 32217

Having been named as registered agent and to accept service of process for the 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.


JEFFREY A. CRAMER

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TALLAHASSEE, FLORIDA

Article IV: Name and Address of each Manager

The name and business address of each Manager is:

SUSAN E. WILSON, MGM
3581 Jose Terrace
Jacksonville, FL 32217

Article V: Effective date shall be as of the date of this filing.

Article VI: Duration

The period of duration of this company is perpetual.



SUSAN E. WILSON
Manager and 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.)

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Article VII: Form of Management

The management of the Company shall be vested pursuant to an operating agreement in the following manager: SUSAN E. WILSON, or any other person who shall be appointed by the member(s).

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TALLAHASSEE, FLORIDA

7.1 Indemnification

(a) The Company shall indemnify every manager, and the manager's heirs, executors and administrators, against expenses actually and reasonably incurred by the manager, as well as against any amount paid upon a judgment in connection with any action, suit, or other proceeding, civil or criminal, to which the manager may be made a party by reason of having been a manager of this limited liability company.

(b) This indemnification is being given because the manager(s) will be requested by the Company to act for and on behalf of the Company and for the Company's benefit.

(c) This indemnification is not exclusive of other rights to which the manager(s) may be entitled.

(d) The manager(s) are entitled to the fullest indemnification allowed by the current law or as the law may be amended after the adoption of these articles.

(e) A manager shall be liable to the Company for the following actions:

(1) Any breach of his or her duty of loyalty to the Company, or to its members;

(2) An act or omission that was taken in bad faith and which constitutes a breach of the Manager's duty to the Company by an act that is grossly negligent, malicious, or intentional, as those terms are defined at law;

(3) A transaction in which the manager benefits to the detriment of the Company or its members.

(4) An action for which the manager is liable at law and for which an indemnification is not allowed.

Article VIII: Purpose

The Company has been formed to provide caregiver services and to conduct or promote any lawful business or purpose permitted by the laws of the State of Florida.

Article IX: Right to Continue Business

In the event of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in the Company, the remaining members, if any, have the right under the operating agreement to continue the business of the Company.

Article X: Tax Treatment


The Company is intended to be treated as a limited liability company for purposes of federal income taxation.

Article XI: Certificate of Membership

A member's interest in the Company may be evidenced by a certificate of membership interest signed by the managing member, which may be assigned or transferred. The right to assign or transfer a member's interest in the Company is limited by the provisions set forth in the Operating Agreement.

Executed by the undersigned organizer on November 8, 2012.

ORGANIZER:


SUSAN E. WILSON

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)

COUNTY OF DUVAL)

This instrument was acknowledged before me on this 8th day of November, 2012 by SUSAN E. WILSON, who has produced a Florida driver's license as identification.



Notary Public
(SEAL)

