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(Red	questor's Name)
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(City	//State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
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Certified Copies	Certificates of Status
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Special Instructions to F	-iling Officer:
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT.

Premier Home Care Staffing 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:

Name of Person	
Premier Home Care Staffing LLC.	
Firm/Company	<u> </u>
2218 E 113th Ave	
Address	∑.s. 6
Tampa, FI 33612	SEGRETARY ALLARKSSI
City/State and Zip Code	\$5.53 \$5.53
evechampie@aol.com	(H) (C)
E-mail address: (to be used for future annual report notification)	70 9
For further information concerning this matter, please call:	FLORIDA FLORIDA
Eva L Moses , 813 , 760-7145	VE 72
Name of Person Area Code & Daytime Telephone Num	ber

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	:	
Premier Home Care Staffing LLC.		
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
2218 E 113th Ave	2218 E 113th Ave	
Tampa, FI 33612	TAMPA, FI 33612	
The name and the Florida street address of the  Eva L Moses  Name  2218 E 113th Ave	e	JAN 25 MIL 3  RETARY OF STATE AFFESSEE, FLORIE
	ddress (P.O. Box NOT acceptable)	35 35
Tampa,  City, S  Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capa all statutes relating to the proper and comple and accept the obligations of my position as r  Registered Agent's Signal	this certificate, I hereby accept to this certificate, I hereby accept to the city. I further agree to comply we te performance of my duties, and registered agent as provided for its the complex to the complex of the	he appointment as rith the provisions of I I am familiar with

Page 1 of 2

(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 Memb	Name and Address:
Eva L Moses	2218 E 113TH Ave
	Tampa, Fl 33612
	· · · · · · · · · · · · · · · · · · ·
<del></del>	
	than the date of filing: February 1st, 2013 . (OPTIONAL
CLE V: Effective date, if other effective date is listed, the date of for 90 days after the date of f	than the date of filing: February 1st, 2013 . (OPTIONAL nets must be specific and cannot be more than five business filing.)
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