

L13000016743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

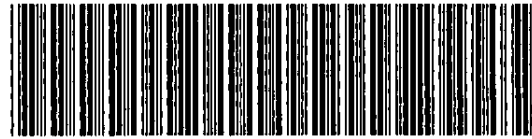
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000243669080

01/22/13--01009--008 **125.00

CLERK OF STATE
INTERAPPROPRIATE
FLORIDA

2013 JAN 31 AM 8:40

FILED

J. SAULSBERRY
EXAMINER

FEB 1 2013

22707 Roderick Dr
Land O Lakes

FL 34634

Jun. 17th 2013

Florida Department of State
Division of Corporations

Dear Sir/Madom

This is to inform you
that I Norma Doreen Othmer Owner/
Manager of Norma Family Home Care
will no be reactivate Document Number
L11000024338

Thank you for you
Corporation

Sign ~~Norma Othmer~~
Norma Othmer
~~Norma Othmer~~

DEPT. OF STATE
TALLAHASSEE, FLORIDA

2013 JAN 31 AM 8:40

FILED

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Norma Family Home Care L.L.C.
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:

Norma Doreen Othmer

Name of Person

Norma Family Home Care

Firm/Company

22707 Roderick DR

Address

Land O Lakes FL 34639

City/State and Zip Code

nothmer22@gmail.com

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

For further information concerning this matter, please call:

Norma D Othmer

Name of Person

at (813) 244-0107

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

RECEIVED
TALLAHASSEE, FLORIDA

2013 JAN 31 AM 8:40

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Norma Family Home Care L.L.C.

(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:

22707 Roderick DR
Land O Lakes
FL 34639

Mailing Address:

Same

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:

Norma Doreen Orlmer
Name

22707 Roderick DR
Florida street address (P.O. Box **NOT** acceptable)

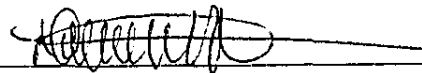
Land O Lakes FL 34639
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JAN 31 AM 8:40

FILED

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 (REQUIRED)

(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:

MGRM

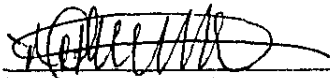
Norma Doreen Offner
22707 Roderick Dr
Land O Lakes FL 34639

(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.)

Norma Doreen Offner
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)

FILED
2013 JAN 31 AM 8:40
DEPARTMENT OF STATE
TREASURER/CLERK