

LI3000069683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

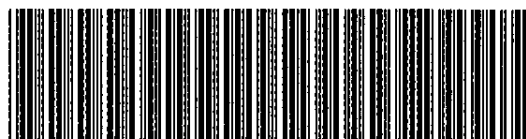
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF TEXAS  
COUNTY OF DALLAS

2013 MAY 13 AM 9:35

FILED

J. SAULSBERRY  
EXAMINER

MAY 13 2013

(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lovin Sunshine Healthcare 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:

Carmel Stevens  
Name of Person

820 Grandview Ave.  
Address

Altamonte Springs fl. 32701  
City/State and Zip Code

Carmel282009@aol.com  
E-mail address: (to be used for future annual report notification)

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2013 MAY 13 AM 9:35  
TALLAHASSEE, FL  
CLERK OF COURT

For further information concerning this matter, please call:

Carmel Stevens at 407.455-8040  
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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Lovin Sunshine Healthcare 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:

820 Grandview Ave  
Altamonte Springs  
FL 32701

### Mailing Address:

820 Grandview Ave  
Altamonte Springs  
FL 32701

## 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:

Carmel Stevens

Name

820 Grandview Ave.

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

Altamonte Springs FL 32701

City, State, and Zip

*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.*

Carmel Stevens

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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MAY 13 AM 9:35  
CLERK OF CIRCUIT COURT  
JANET STELLER

**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

Carmel Stevens  
820 Grandview Ave  
Altamonte Springs, FL 32701

MGR

Susan Stevens  
820 Grandview Ave  
Altamonte Springs, FL 32701

\_\_\_\_\_  
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(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:**

Carmel Stevens  
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.)

Carmel Stevens  
Typed or printed name of signer

**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 MAY 13 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA