

L130000073661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

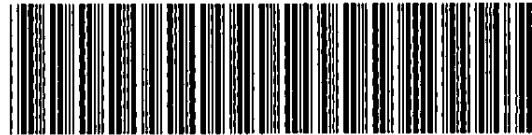
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000246150800

05/07/13--01002--005 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 MAY 20 AM 9:45

FILED

W 13-27205

MAY 21 2013

JL BRYAN



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2013

DEBORAH S. BARBER  
1765 IMPERIAL PALM DR  
APOPKA, FL 32712

SUBJECT: BAR-AL GENTLE HEALTH CARE CONCIERGE LLC  
Ref. Number: W13000027205

FILED  
2013 MAY 20 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for BAR-AL GENTLE HEALTH CARE CONCIERGE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Can't use what you sent to file the LLC,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 213A00011307

(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BAR-AL GENTLE HEALTH Care Concierge 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:

DEBORAH BARBER

Name of Person

Firm/Company

1765 Imperial Palm Dr, APOKA FL

Address

APOKA FL 32712

City/State and Zip Code

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

For further information concerning this matter, please call:

DEBORAH BARBER

Name of Person

at ( 973 ) 906 1638

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)

*Check was  
never returned*

**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

FILED  
2013 MAY 20 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

BAK-AL Gentle Health Care Concierge 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:

1765 Imperial Palm Dr  
APOPKA, FL 32712

### Mailing Address:

1765 Imperial Palm Dr  
APOPKA, FL 32712

## 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:


DEBORAH BARBER  
Name

1765 Imperial Palm Dr, APOPKA  
Florida street address (P.O. Box NOT acceptable)

APOPKA FL 32712  
City, State, and Zip

FILED  
2013 MAY 20 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

Deborah Barber  
1765 Imperial Palm Dr  
Apopka, FL 32712

MGRM

DAWN AL-MATIIN  
1765 Imperial Palm Dr  
Apopka, FL 32712

\_\_\_\_\_

\_\_\_\_\_

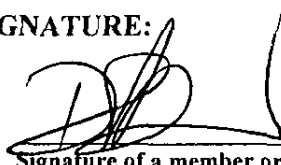
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: ~~1-21-2013~~. (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.)

DEBORAH BARBER

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 MAY 20 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA