

L13000 115600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

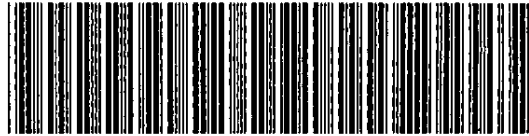
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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400250307644
08/09/13--01023--010 **130.00

Effective Date 8/2/13

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG -9 PM 4:16

AUG 15 2013

T. HAMPTON

4877-211

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Tri-County Home Care, 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:

Wanda Williams

Name of Person

Tri-County Home Care, LLC

Firm/Company

2719 Hollywood Blvd., Ste 12

Address

Hollywood, FL 33020

City/State and Zip Code

williams.wanda18@yahoo.com

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

For further information concerning this matter, please call:

Wanda Williams

Name of Person

at (**267**) **593-5855**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 AUG 15 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 12, 2013

WANDA WILLIAMS
2719 HOLLYWOOD BLVD
STE 12
HOLLYWOOD, FL 33020

SUBJECT: TRI-COUNTY HOME CARE, LLC
Ref. Number: W13000044871

We have received your document for TRI-COUNTY HOME CARE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : TRI-COUNTY HOMECARE OF FLORIDA INC, document number P05000087918.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 913A00019257

Tri-County Home Care, LLC
2719 Hollywood Blvd, Ste 12
Hollywood, FL 33020
267-593-5855

August 13, 2013

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

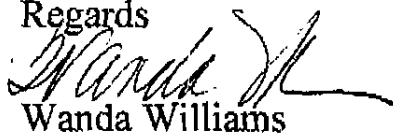
Attn: Tammy Hampton

Dear Ms. Hampton:

Pursuant to our telephone conversation, we are now aware that Tri-County Home Care, Inc. exist, but, since we are filing as Tri-County Home Care, LLC, we wish to be registered as Tri-County Home Care, LLC.

If additional information is required or needed, please do not hesitate to call me at 267-593-5855

Regards



Wanda Williams

Managing Partner
267-593-5855

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DIVISION OF CORPORATIONS
13 AUG -9 PM 4:16

Effective Date

8/2/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tri-County Home Care, 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:

2719 Hollywood Blvd

Ste. 12

Hollywood, FL 33020

Mailing Address:

2719 Hollywood Blvd

Ste. 12

Hollywood, FL 33020

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:

Wanda Williams

Name

2719 Hollywood Blvd. Ste. 12

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

Hollywood

FL

33020

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.:



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Wanda Williams

141 Carter Blvd

Williamstown, NJ 08094

MGRM

Eric Bellamy


2843 W. Cumberland

Philadelphia, PA 19132

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 5, 2013 8/2/13 (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.)

Wanda Williams

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)