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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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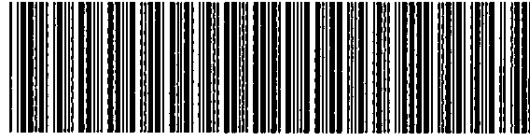
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 27 2013

J. BRYAN

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I-Name

The name of the Limited Liability Company is:

Caregiver Central, LLC

ARTICLE II-Address

The mailing address and the street address of the principal office of the Limited Liability Company is:

1524 Formosa Avenue
Winter Park, Florida 32789

**ARTICLE III-Registered Agent and Office and
Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

MARY ELLEN GRANT
1524 Formosa Avenue
Winter Park, Florida 32789

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, Florida Statutes.


(Registered Agent's Signature)

Mary Ellen Grant

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ARTICLE IV-Managing Member

The name and address of the Managing Member are:

<u>Title</u>	<u>Name and Address</u>
MGRM	Share the Care, Inc., a Florida non profit corporation 1524 Formosa Avenue Winter Park, Florida 32789

SHARE THE CARE, INC., a Florida non profit corporation

By: 
Mary Ellen Grant, Chief Executive Officer

(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.)

MARY ELLEN GRANT

(Typed or printed name of signee)

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