

L13000138385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

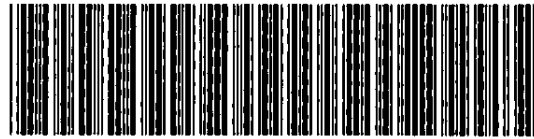
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/02/13--01001--020 **125.00

RECEIVED
13 OCT -1 PM 2:54
DIVISION OF CORPORATION

13 OCT -1 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
FILED

Rashell Neely

Requester's Name

914 Oak Knoll Ave

Address

Tallahassee, FL 32312

City/State/Zip

Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Elite Adult Family Care home

(Corporation Name)

(Document #)

2. (Corporation Name)

(Document #)

3. (Corporation Name)

(Document #)

4. (Corporation Name)

(Document #)

5. (Corporation Name)

(Document #)

6. (Corporation Name)

(Document #)

7. (Corporation Name)

(Document #)

☒ Walk in

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☐ Certified copy

☐ Mail out

☐ Will wait

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AND
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13 OCT -1 PM 3:07

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

Name

The name of this Limited Liability Company is:

Elite Adult Family Care Home, LLC

ARTICLE II

Address

The initial mailing and street address of the principle office of this Limited Liability Company is:

914 Oak Knoll Ave.
Tallahassee, FL 32312

This address may be moved from time to time to any other address in the State of Florida.

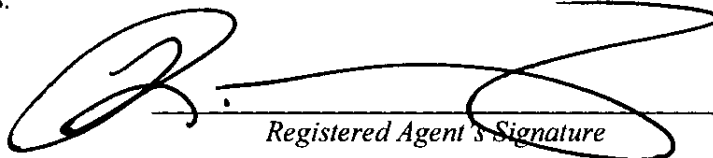
ARTICLE III

Registered Agent, Registered Office & Registered Agent's Signature

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

Rashell M. Neely
914 Oak Knoll Avenue
Tallahassee, FL 32312

ACKNOWLEDGMENT: *Having been named as registered agent and to accept service of process for the above 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

ARTICLE IV

Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member is as follows:

Title:

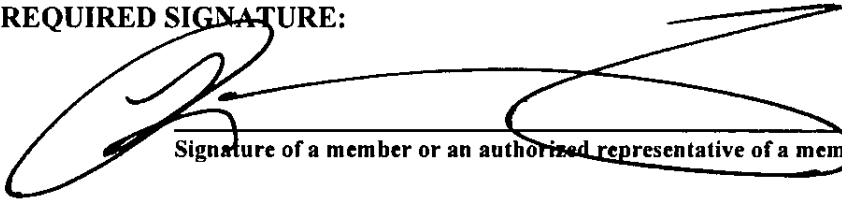
"MGR" = Manager

Name and Address:

MGR

Rashell M. Neely
914 Oak Knoll Ave.
Tallahassee, FL 32312

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)

Rashell M. Neely

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 OCT -1 PM 3:07

APPROVED
10/13/13
Rashell M. Neely