

L13000143476

(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

EFFECTIVE DATE

01/03/14



400252564354

10/09/13--01020--014 **125.00

10/09/13--01020--015 **5.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT -9 PM 3:29

FILED

OCT 10 2013

D. BRUCE

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Quality Care Services of Tallahassee, 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 Duhart

Name of Person

Firm/Company

2120 Wesley Ct

Address

Tallahassee, FL 32303

City/State and Zip Code

QualityCare12@aol.com

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

For further information concerning this matter, please call:

Wanda Duhart

Name of Person

at (850) 339-0575

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

2017 OCT - 9 PM 3: 29
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Quality Care Services of Tallahassee, 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:

Mailing Address:

2407 Oxford Rd
Tallahassee, FL 32304

260 Wesley Ct.
Tallahassee, FL 32303

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 Duhart
Name

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

Tallahassee FL 32303
City, State, and Zip

CLERK OF STATE
TALLAHASSEE, FLORIDA

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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..

Wanda Duhart

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 01/03/14

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

Wanda Duhart
2120 Wesley Ct
Tallahassee, FL 32303

MGRM

Paulette Gilley
400 S. Hill St.
Monticello, FL 32344

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/03/14 (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.)

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2017 OCT -9 PM 3:29
CLERK OF THE
DEPARTMENT OF
REVENUE
TALLAHASSEE, FL 32304

REQUIRED SIGNATURE:

Wanda Duhart

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 Duhart

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)