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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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APR 0 9 2014

S. YOUNG

W14-17884



MAT TRUBB

ROVODIMO



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LOVE IN CARE LLC	
(Name of Resulting Florida Limited Company)	
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.	r
Please return all correspondence concerning this matter to:	
Jererelle nunez (Contact Person)	
(Firm/Company)	
301 E, Hanlun St Apt 1 (Address)	
TCMMA F1 3360Y (City, State and Zip Code)	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (813) 217-1781 (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$150.00 Filing Fees and Certificate of \$180.00 Filing Fees and Certified Copy \$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(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 Co	mpany is:
Principal Office Address: Mailing Address:	
301 E. Hanion St 19+1 Tampa Fl 33604 33604	•
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anoth business entity with an active Florida registration.)	·e: er
The name and the Florida street address of the registered agent are:	
Verebelle nunez Name	
Florida street address (P.O. Box NOT acceptable)	,
TCIME FL 33604	
Having been named as registered agent and to accept service of process for the above sta- liability company at the place designated in this certificate, I hereby accept the appoir registered agent and agree to act in this capacity. I further agree to comply with the prov- statutes relating to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 6	ntment as visions of all r with and
Registered Agent's Signature (REQUIRED)	<u>.</u>
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Page 1 of 2	80 E OS

tachment if necessary) Effective date, if other than the date of filing date is listed, the date must be specific ar fter the date of filing.) Other provisions, if any. IRED SIGNATURE: Signature of a member or an authorizance with section 605.0203 (1) (b), Florida is an affirmation under the penalties of perjure that any false information submitted in a central content of the section of the penalties of perjure that any false information submitted in a central content of the penalties of perjure that any false information submitted in a central content of the penalties of perjure that any false information submitted in a central content of the penalties of perjure that any false information submitted in a central content of the penalties of perjure that any false information submitted in a central c	Address: CITE PLINES HCIOLON ST HOT CITE 3300 COPTIONAL) cannot be more than five business days
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of Registered Agent	\$50 T
0.00 Certified Copy (Optional)	

ARTICLE IV-



March 20, 2014

LOVE IN CARE LLC 301 E HANLON STREET APT 1 TAMPA, FL 33604

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

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 614A00006041

SECRETARY OF STATE
AND ANALYSISE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
The hame of the Entired Elability Company is.
(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:
301 E. Handon St Apt 1 Tampa FI 33404 33104
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:
LOVE IN CAPE LUC Name
301 F. Hanlon St Act Florida street address (P.O. Box NOT acceptable)
TIMA FI FL 3360-1
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 605, F.S Registered Agent Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

7004.4				
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager	_			
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ARTICLE IV-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(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:
301 E. Hanlon St. Apt 1 Tampa F1 33604
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:
LOVE IN CAPE LUC Name
Florida street address (P.O. Box NOT acceptable)
Taga Fl FL 33604
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 605, F.S Registered Agent Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	Jerebelle nunez 301 E. Hanlon St Apt 1 tampa El 33604
an effective date is listed, the date i	an the date of filing: 3/15/14. (OPTIONAL) must be specific and cannot be more than five business days p
RTICLE V: Effective date, if other that	an the date of filing: 3/15/14. (OPTIONAL) must be specific and cannot be more than five business days p
RTICLE V: Effective date, if other that an effective date is listed, the date is or 90 days after the date of filing.)	an the date of filing: 3/15/14. (OPTIONAL) must be specific and cannot be more than five business days p

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)

Page 2 of 2

Jerebelle riunez.
Typed or printed name of signee