

L140000679954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

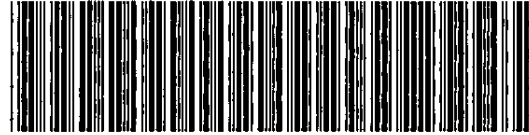
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/21/14--01042--028 **130.00

Effective Date 4/15/14

2013 APR 21 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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L5462-710

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AHC Affordable House Care Group, 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:

Ariane Gaede

Name of Person

Firm/Company

140 SW 57th Street

Address

Cape Coral, FL 33914

City/State and Zip Code

arianegaede@aol.com

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

For further information concerning this matter, please call:

Ariane Gaede at (239) 8101134
Name of Person 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

May 1, 2014

ARIANE GAEDE
140 SW 57TH ST
CAPE CORAL, FL 33914

SUBJECT: AHC AFFORDABLE HOUSE CARE GROUP, LLC
Ref. Number: W14000027457

We have received your document for AHC AFFORDABLE HOUSE CARE GROUP, 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 unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.,

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 614A00009285

AFFIDAVIT

The State of Florida

)

) S.S.

County of Lee County

)

I, Ariane Gaede, of Cape Coral, Florida, MAKE OATH AND SAY THAT:

1. The Principals from AHC Affordable House Care Group , LLC will be the same like from AHC Affordable House Care Group Inc. We had to change our company from a Inc to a LLC!.

SUBSCRIBED AND SWORN TO

)

BEFORE ME, on the

)

12th ^{26.} day of May, 2014 and provided a
FL. Drivers License.

)

)

Diana Schnabel

)

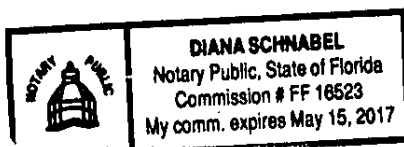
NOTARY PUBLIC

)

My Commission expires: May 15, 2017

)

A. Gaede
Ariane Gaede



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective Date

4/15/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AHC Affordable House Care Group, 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:

140 SW 57th Street
Cape Coral, FL 33914

Mailing Address:

140 SW 57th Street
Cape Coral, FL 33914

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:

Ariane Gaede

Name

140 SW 57th Street

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

Cape Coral

City

FL 33914

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Ariane Gaede

140 SW 57th Street

Cape Coral FL 33914

MGR

Martin Gaede

140 SW 57th Street

Cape Coral FL 33914


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/15/2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Ariane Gaede

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)

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TALLAHASSEE, FLORIDA