

L15000019984

(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:

W19-1962 - name not Aug.

Office Use Only



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2015 FEB -2 A 11:29  
RECEIVED  
FEBRUARY 02 2015  
MILWAUKEE REGISTRY OF CLERKS

B. BOSTICK

FEB - 3 2015

EXAMINER

**SIMON RUIZ**

9101 NW 5th STREET

PEMBROKE PINES, FL 33024

Phone: 754-245-2939

Email: ruiz.alejandro10@yahoo.com

January 20th, 2015

BARBARA BOSTICK  
Regulatory Specialist II  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SUBJECT: SR HOME CARE LLC  
REF. Number: W15000001562

Dear Mrs. Bostick:

I am resubmitting the documents for filing the company.

The name is available since I was the same person filing online and by mail. Filing online was cancelled.

Should you have any question regarding this matter, please do not hesitate to contact me at 754-245-2939 or by email at ruiz.alejandro10@yahoo.com

Respectfully,



Simon Ruiz

Enc: SR HOME CARE LLC Articles

RECEIVED  
15 JAN 30 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FILED  
2015 FEB -2 A 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SR HOME CARE 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:

SIMON RUIZ

Name of Person

SR HOME CARE LLC

Firm/Company

9101 NW 5 STREET

Address

PEMBROKE PINES, FL 33024

City/State and Zip Code

ruiz.alejandro10@yahoo.com

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

For further information concerning this matter, please call:

SIMON RUIZ

Name of Person

at ( 754 ) 2452939

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

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SECTION 17003 STATE  
SECRETARIAL DIVISION

**FILED**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SR HOME CARE 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:

9101 NW 5 STREET  
PEMBROKE PINES, FL 33024

SAME

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:

SIMON RUIZ

Name

9101 NW 5 STREET

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

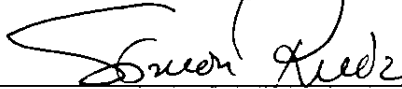
PEMBROKE PINES

City

FL 33024

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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SECRETARY OF STATE  
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

DIRECTOR

**Name and Address:**

SIMON RUIZ

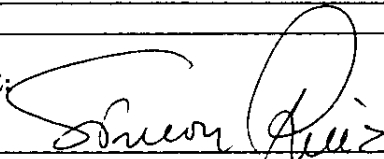
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

SIMON RUIZ

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)**

FILED  
2015 FEB -2 A 11:29  
CLERK OF STATE  
TALLAHASSEE, FLA.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2015

SIMON RUIZ  
9101 NW 5 STREET  
PEMBROKE PINES, FL 33024

SUBJECT: SR HOME CARE LLC  
Ref. Number: W15000001562

We have received your document for SR HOME CARE 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 you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 815A00000429

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2015 FEB -2 A 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA