

L1500019984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

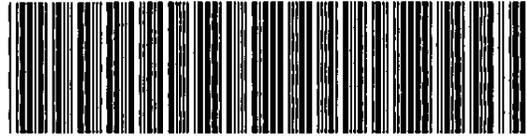
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19-1962 - name not Aug.

Office Use Only



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SECRETARY OF STATE
MILWAUKEE, WISCONSIN

2015 FEB -2 A 11: 29

FILED

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

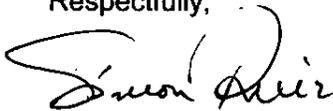
Dear Mrs. Bostick:

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 fcc(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 at (754) 2452939
Name of Person 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

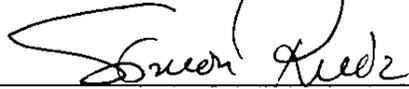
SIMON RUIZ
Name

9101 NW 5 STREET
Florida street address (P.O. Box **NOT** acceptable)

PEMBROKE PINES FL 33024
City Zip

FILED
2015 FEB - 2 A 11: 29
SECRETARY OF STATE
ALLA...
11064

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)

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

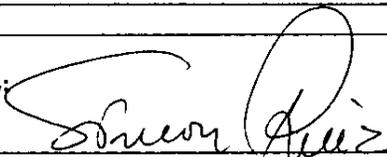
(Use attachment if necessary)

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)

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FILED

FILED



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

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

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