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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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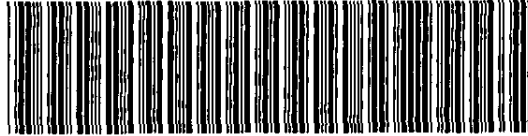
(Business Entity Name)

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15 FEB 18 2015

**Olinda Smith  
Lottie Mae White Care, LLC  
2331 Coronada Way S.  
St. Petersburg, FL 33712**

February 1, 2015

Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Lottie Mae White Care, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,



Olinda Smith  
Lottie Mae White Care, LLC

Enclosures

check stapled here

**ARTICLES OF ORGANIZATION**

of

**LOTTIE MAE WHITE CARE, LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

**ARTICLE I - ORGANIZATION NAME**

The name of the organization is Lottie Mae White Care, LLC

**ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in any lawful business or activity permitted under the laws of the State of Florida or the United States of America.

**ARTICLE IV – ORGANIZATION OFFICE**

The organization's principal office address shall be as follows:

2331 Coronada Way S.  
St. Petersburg, FL 33712

The organization's mailing address shall be as follows:

2331 Coronada Way S.  
St. Petersburg, FL 33712

15 FEB 10 AM 8:57  
STATE OF FLORIDA  
TALLAHASSEE

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED  
AGENT'S SIGNATURE**

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Olinda Smith  
2331 Coronada Way S.  
St. Petersburg, FL 33712

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.

  
\_\_\_\_\_  
Olinda Smith, Registered Agent

**ARTICLE VI - MANAGERS**

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Olinda Smith  
2331 Coronada Way S.  
St. Petersburg, FL 33712

## ARTICLE VII - SIGNER

The name and address of the person signing these Articles of Organization is as follows:

Olinda Smith  
2331 Coronada Way S.  
St. Petersburg, FL 33712

## ARTICLE VIII – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 5 day of February, 2015

Olinda Smith

Olinda Smith

STATE OF FLORIDA     )  
COUNTY OF PINELLAS    )

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Olinda Smith, known to me to be the person who executed the foregoing Articles of Organization, or who presented FLORIDA D. License as identification, and who acknowledged before me that she executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 5 day of February, 2015

Tracey Samantha Checbele

Notary Public, State of Florida at Large  
My Commission Expires:

