L15000061093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Effective Date 3/1/15

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15 MAR -6 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 8 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORENCE ELDER CARE AGENCY
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:

MARIE E ALVARADO
Name of Person

FLORENCE ELDER CARE AGENCY
Firm/Company

841 PRUDENTIAL DR 12 floor
Address

JACKSONVILLE - FLORIDA 32207
City/State and Zip Code

nashville101@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIE E ALVARADO at (904) 599 6035
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

15 APR -6 AM 10:00

March 25, 2015

MARIE E ALVARADO
841 PRUDENTIAL DR
12TH FLOOR
JACKSONVILLE, FL 32207

SUBJECT: FLORENCE ELDER CARE AGENCY
Ref. Number: W15000020851

We have received your document for FLORENCE ELDER CARE AGENCY 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 of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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: 415A00005957

Effective Date 3/1/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

FLORENCE ELDER CARE AGENCY 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:**
841 PRUDENTIAL DR 12 floor	841 PRUDENTIAL DR 12 floor
JACKSONVILLE FLORIDA 32207	JACKSONVILLE FLORIDA 32207

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:

MARIE E ALVARADO
Name

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

PALATKA FL 32177
City 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..

M E Alvarado
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	**Name and Address:**
AMBR / MGR	MARIE E ALVARADO 620 OAK Street PALATKA FLORIDA 32177

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 1, 2015 (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:

M Alvarado
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.)

MARIE E ALVARADO
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
15 MAR -5 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA