

L15000071176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

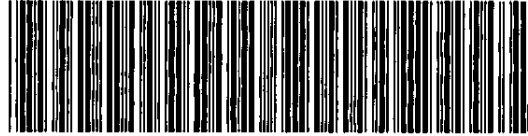
Special Instructions to Filing Officer:

Vickie gave perm to
~~correct~~ add titles.

JFM

4/23/15

Office Use Only



100270937551

03/24/15--01028--015 **87.50

04/16/15--01020--026 **37.50

FILED
15 APR 16 AM 11:40
RECEIVED
TALLAHASSEE, FLORIDA

M. MILLIGAN
EXAMINER

APR 23 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STUMP MEDICAL HOME HEALTH 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:

DANIEL ISRAEL
Name of Person

STUMP MEDICAL HOME HEALTH CARE, LLC
Firm/Company

1640 WEST 23RD STREET
Address

JACKSONVILLE FL 32209
City/State and Zip Code

VICKIEVELASCO@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL ISRAEL at (904) 233-0607
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

March 26, 2015

PRINCE FREDERICK OMONJIAHIO
1640 WEST 23RD STREET
JACKSONVILLE, FL 32209

SUBJECT: STUMP MEDICAL HOME HEALTH CARE, LLC
Ref. Number: W15000021202

We have received your document for STUMP MEDICAL HOME HEALTH CARE, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

"LLC" stands for Limited Liability Company and should not be used by a corporation.

Please return the corrected original and one copy of 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) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 215A00006073

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STUMP MEDICAL HOME HEALTH 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:

1640 WEST 23RD STREET
JACKSONVILLE FL 32209

1640 WEST 23RD STREET
JACKSONVILLE FL 32209

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:

VICKIE VELASCO
Name
1640 WEST 23RD STREET
Florida street address (P.O. Box NOT acceptable)
JACKSONVILLE FL 32209
City Zip

FILED
APR 16 AM 11:40
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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.

Vickie Velasco
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

DANIEL ISRAEL

Name and Address:

2012 PALAFOX STREET

JACKSONVILLE FL 32209

MGR

VICKIE VELSCO

1640 WEST 23RD STREET

JACKSONVILLE FL 32209

AMBR

AARIANNE ISRAEL

2012 PALAFOX STREET

JACKSONVILLE FL 32209

AMBR

Danielle Crethers

1640 WEST 23RD STREET

JACKSONVILLE FL 32209

AMBR

(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.)

DANIEL ISRAEL

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 APR 16 AM 11:40
DEPARTMENT OF STATE
JACKSONVILLE, FL 32209