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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T SCHRÖEDER
4.24.15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Clarke In-Home Senior 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:

Nikie Popovich, Esq.
Name of Person

Popovich Law Firm, P.A.
Firm/Company

390 North Orange Avenue, Suite 2300
Address

Orlando, Florida 32801
City/State and Zip Code

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

For further information concerning this matter, please call:

Nikie Popovich at (407) 965-2800
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

ARTICLES OF ORGANIZATION
FOR
CLARKE IN-HOME SENIOR CARE, LLC
A Florida Limited Liability Company

ARTICLE I
Name

The name of the limited liability company is: Clarke In-Home Senior Care, LLC

ARTICLE II
Address

The mailing address and street address of the principle office of the limited liability company is:

Principle office address: 1060 Woodcock Road
Orlando, Florida 32803

Mailing address: 1060 Woodcock Road
Orlando, Florida 32803

ARTICLE III
Registered Agent, Registered Office, and Registered Agent's Signature

The name and Florida street address of the registered agent is:

Nikie Popovich, Esq.
Popovich Law Firm, P.A.
390 North Orange Avenue, Suite 2300
Orlando, Florida 32801

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, Florida Statutes.


Nikie Popovich

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CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

ARTICLE IV
Members

The name and address of each person authorized to manage and control the limited liability company:

Title:

Name and Address:

AMBR

Natasha Perez
1060 Woodcock Road
Orlando, Florida 32803

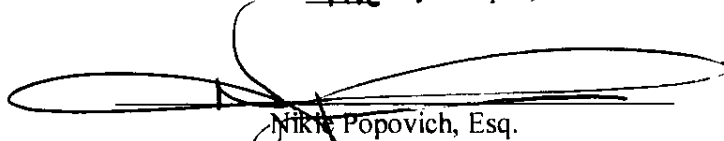
ARTICLE V
Purpose

The limited liability company is being formed for the purpose of transacting any and all lawful business for which a limited liability company may be organized under Florida's Revised Limited Liability Company Act.

Signature of Authorized Representative of the Member

In accordance with Section 605.0203(1)(b), Florid 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.

Dated this 7th day of April, 2015.



Nikie Popovich, Esq.
Authorized Representative of the Member

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DEPARTMENT OF STATE
OF FLORIDA