

L15000093845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

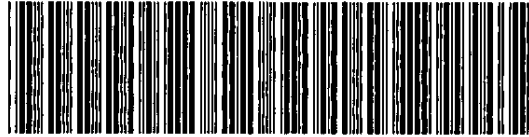
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000273037260

000273037260
05/18/15--01052--005 **155.00

FILED

2015 MAY 28 A 11:54

CLERK OF DISTRICT COURT
MILWAUKEE, WISCONSIN

Handwritten signature

MAY 29 2015

T SCHROEDER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2015

SANDRA TAYLOR
1102 PRINCETON DR
CLERMONT, FL 34711

SUBJECT: AREVA HOME HEALTHCARE, LLC
Ref. Number: W15000035389

RECEIVED
15 MAY 28 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AREVA HOME HEALTHCARE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 215A00010491

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Areva Home Healthcare, 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:

Sandra Taylor

Name of Person

Firm/Company

1102 Princeton Drive

Address

Clermont, Florida 34711

City/State and Zip Code

sandrataylor1010@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Taylor 407 810-2173

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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Areva Home Healthcare, 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:

1102 Princeton Drive

Clermont, Florida 34711

Mailing Address:

1102 Princeton Drive

Clermont, Florida 34711

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:

Sandra Taylor

Name

1102 Princeton Drive

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

Clermont,

Florida

34711

City

State

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2015 MAY 28 A 11:54
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Sandra Taylor

1102 Princeton Drive

Clermont, Florida 34711

FILED
2015 MAY 28 A 11:54
CLERK OF STATE
FLORIDA

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

Sandra Taylor

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)