

L15000134663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

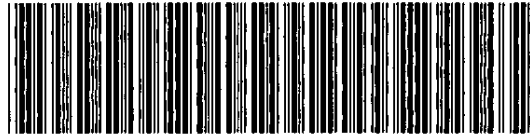
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800275601458

08/05/15--01010--008 **160.00

15 AUG -5 AM 11:18
AUG 11 2015

md 8/10

Gillette Law, P.A.

Law Offices
www.GilletteLaw.com



603 North Market Street
Jacksonville, Florida 32202
Phone: (904) 358-1304
Facsimile: (904) 355-1483

Brunswick, Georgia
Phone: (912) 554-1844

CHARLIE J. GILLETTE, JR., ESQ.*

*Licensed in FL and GA

July 31, 2015

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

SUBJECT: T & T Total Care, L.L.C.

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLIE J. GILLETTE, JR., ESQ.

Gillette Law, P.A.

603 North Market Street

Jacksonville, Florida 32202

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

For further information concerning this matter, please call:

CHARLIE J. GILLETTE, JR., ESQ. at (904) 358-1304

Enclosed is a check for the following amount: \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

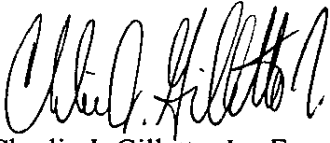
MAILING ADDRESS:

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

Sincerely yours,

A handwritten signature in black ink, appearing to read "Charlie J. Gillette, Jr.", with a stylized flourish at the end.

Charlie J. Gillette, Jr., Esquire
CJG/tlt

Enclosures

cc: LaShanda Thomas Nesmith

**ARTICLES OF ORGANIZATION
OF
T & T TOTAL CARE, L.L.C.**

ARTICLE I - NAME

The name of the limited liability company is T & T Total Care, L.L.C., ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
11924 Carson Lake Drive, West
Jacksonville, Florida 32221

Mailing Address:
11924 Carson Lake Drive, West
Jacksonville, Florida 32221

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

LaShanda Thomas Nesmith
11924 Carson Lake Drive, West
Jacksonville, Florida 32221

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.



LaShanda Thomas Nesmith

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:
"MGR" = Manager

Name and Address:

"AMBR" = Authorized Member

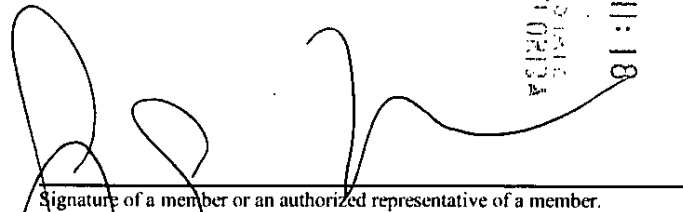
MGR

LaShanda Thomas Nesmith
11924 Carson Lake Drive, West
Jacksonville, Florida 32221

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be September 1, 2015.

REQUIRED SIGNATURE:



15 AUG -5 AM 11:18
JACKSONVILLE, FLORIDA

Signature of a member or an authorized representative of a member.

(In accordance with section 605.205(1)(b), Florida Statutes,
the execution of this document constitutes an affirmation
under the penalties of perjury that the facts stated herein are
true.)

LaShanda Thomas Nesmith

Typed or printed name of signee