

L15000179458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

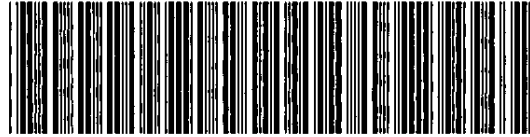
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

L15000179458



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 29, 2015

QUALITY HOME CARE LLC  
22167 MARSHALL AVE  
PORT CHARLOTTE, FL 33952

SUBJECT: QUALITY HOME CARE LLC  
Ref. Number: W15000051415

RECEIVED SEP 2 2015  
2nd Time

We have received your document for QUALITY HOME CARE LLC 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 605.0206, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

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) 245-6052.

Carol Mustain  
Regulatory Specialist II

Letter Number: 015A00015954



RECEIVED OCT 21 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 29, 2015

QUALITY HOME CARE LLC  
22167 MARSHALL AVE  
PORT CHARLOTTE, FL 33952

SUBJECT: QUALITY HOME CARE LLC  
Ref. Number: W15000051415

We have received your document for QUALITY HOME CARE LLC 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 registered agent must sign accepting the designation.

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) 245-6052.

Carol Mustain  
Regulatory Specialist II

Letter Number: 315A00020521

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Quality Home 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:

Valery Greffard Jessica Toodan  
Name of Person

Quality Home Care LLC  
Firm/Company

22167 Marshall Ave  
Address

Port Charlotte FL 33952  
City/State and Zip Code

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

For further information concerning this matter, please call:

Valery Greffard at 941 1023-2337  
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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing 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:

Charlotte's Assisted Living 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:

22167 Marshall ave  
Port-Charlotte FL 33952

Mailing Address:

22167 Marshall ave  
Port-Charlotte FL 33952

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:

Charlotte Assisted Living LLC

Name

22167 Marshall ave

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

Port-Charlotte FL 33952

City

State

Zip

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TALLAHASSEE 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..

Valery Gelman

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

AMBR MGR

AMBR

**Name and Address:**

Valery Geffrard  
22167 Marshall Ave  
Port Charlotte FL 33952

Jessica Toolan  
22167 Marshall Ave  
Port Charlotte FL 33952

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7/7/15 (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:**

Valery Geffrard

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Valery Geffrard

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)

SECRETARY OF STATE  
ALLAHABAD, FLORIDA

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