

L15000181746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

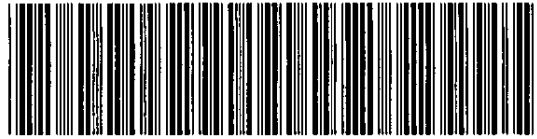
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300278525473

10/27/15--01004--020 \*\*125.00

RECEIVED  
PROPERTY

15 OCT 27 PM 2:34

TO ADOPTIVE  
SUFFICIENCY OF FILING

APPROVAL  
AND  
FILED

15 OCT 27 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT 27 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Classic Care Services, 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:

Ollie Fields

Name of Person

Firm/Company

4236 Crawfordville Hwy

Address

Crawfordville, FL 32327

City/State and Zip Code

Olliefields@erxbirdmail.com

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

For further information concerning this matter, please call:

Ollie Fields

Name of Person

at ( 850 )

Area Code

766-6462

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:

Classic Care Services, 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:

4036 Crawfordville Hwy  
Crawfordville, FL 32327

Mailing Address:

Same

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:

Ollie Fields

Name

106 Sunflower Rd

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

Tallahassee, FL 32305

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.

Ollie Fields

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT 27 PM 2:34

APPROVED  
AND  
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:

Ollie Fields  
1016 Sunflower Rd.  
Tallahassee, FL 32305

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT 27 PM 2:36

APPROVED  
AND  
FILED

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:

Ollie Fields

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.

Ollie Fields

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)