

L15000200681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

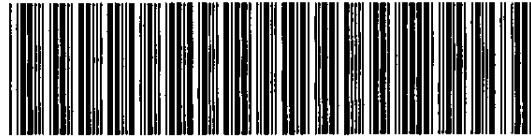
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700279410157

11/24/15--01019--016 **160.00

FILED
15 NOV 24 PM 3:13
CLERK OF STATE
TALLAHASSEE, FLORIDA

gf 12/4/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1st Priority Care Services

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:

SONIA H. HENRY

Name of Person

1st Priority Care Services

Firm/Company

9053 Silver Glen Way

Address

Lake Worth, Fl. 33467

City/State and Zip Code

shhenry6@yahoo.com

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

For further information concerning this matter, please call:

SONIA HENRY 561 531-1838

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

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA
 15 NOV 24 PM 3:13
 FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1st Priority Care Service, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED

15 NOV 24 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

9053 Silver Glen Way
Lake Worth, Fl. 33467

9053 Silver Glen Way
Lake Worth Fl. 33467

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:

SONIA HENRY

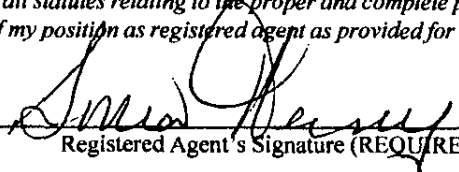
Name

9053 Silver Glen Way,

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

Lake Worth Fl. 33467
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)

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
Manager

Name and Address:
Sonia Henry
9053 Silver Glen Way
Lake Worth, Fl. 33467

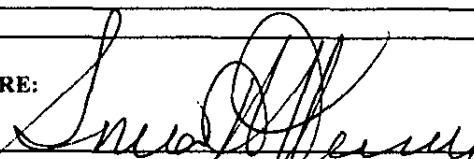
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: November 10, 2015 (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.

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.

SONIA HENRY

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)

FILED
15 NOV 24 PM 3:14
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA