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(Business Entity Name)

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15 DEC -7 AM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KEITH & ASSOCIATES, PLLC

ATTORNEYS AT LAW

R. FRED KEITH †††
ANN B. MILLER ††
JOSEPH J. CARROLL †
HEATHER WASCO †
DEREK VANOVER †

715 BAKEWELL STREET
COVINGTON, KY 41011

TELEPHONE (859) 261-6800
FAX (859) 261-6882

R. FREDERICK KEITH
DIRECT DIAL (859) 292-2468
EMAIL fkeith@keithlawyers.com

† ADMITTED IN OHIO
† ADMITTED IN KENTUCKY
† CERTIFIED PUBLIC ACCOUNTANT

December 1, 2015

Florida Secretary of State
New Filing Section
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: CareWatch, LLC

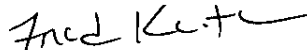
Dear Sir or Madam:

Enclosed for filing please find a fully executed Articles of Organization for the above referenced entity. I have also enclosed a check in the amount of \$125.00 for the filing fee.

Please file the Articles and return a filed stamped copy to me in the enclosed self addressed stamped envelope.

If you have any questions, please contact me.

Sincerely,



R. Frederick Keith

RFK/aln

Enclosures

PC#9612

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CareWatch, 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:

CT Corporation System

Name of Person

CT Corporation System

Firm/Company

1200 South Pine Island Road

Address

Plantation, FL 33324

City/State and Zip Code

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

For further information concerning this matter, please call:

R. Frederick Keith 859 261-6800
at ()
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:

CareWatch, 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:

Mailing Address:

698 East Lane Avenue

Naples, FL 34102

698 East Lane Avenue

Naples, FL 34102

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:

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL

33324

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.

Angel Shearer

Angel Shearer

Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" - Authorized Member

"MGR" - Manager

MGR

Name and Address:

K-3 Investments Trust

698 East Lane Avenue

Naples, FL 34102

MGR

Carol Turni

9207 Johnston Lane

Cincinnati, OH 45242

(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:

R. Fred Keith, Esq.

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.

R. FRED KEITH, Esq.

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)