

L16000011377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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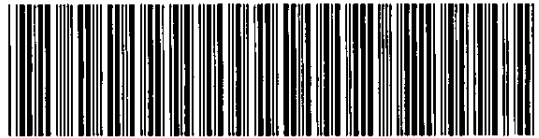
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Handwritten signature

**TO: Registration Section
Division of Corporations**

Subject: Hattie's Place Home Healthcare and Companionship, LLC

**The enclosed Articles of Organization and Fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following**

Hattie Allen
Hattie's Place Home Healthcare and Companionship, LLC
1850 NW 184th Street
Miami Gardens, FL 33056

Email: hmallen2008@gmail.com

For further information concerning this matter, please call
Hattie Allen at: 754-244-5673

Enclosed is a money order for the following amount: \$134.00 for the Filing Fee and Certificate.

**ARTICLES OF ORGANIZATION
OF
Hattie's Place Home Healthcare and Companionship, LLC**

The undersigned incorporator(s), a natural person 18 years of age or older, in order to form a corporate entity adopts the following articles of organization.

ARTICLE I – Name

The name of the Limited Liability Company is,

“Hattie’s Place Home Healthcare and Companionship, LLC”

ARTICLE II - Address

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

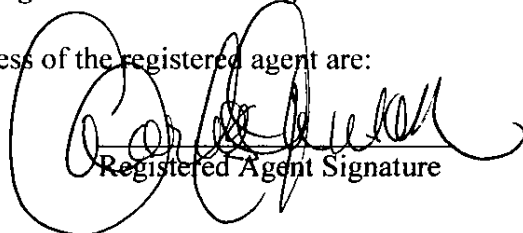
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ARTICLE III – Registered Office/Agent Address and Signature

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

Charles Johnson
836 Liberty Street
Tallahassee, FL 33025


Registered Agent Signature

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..

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

Hattie Allen – MGR
1850 NW 184th Street
Miami, FL 33056

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ARTICLE V – Effective Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The effective date of this LLC shall be 1-15-16

Required Signatures

The undersigned incorporator(s) certify that she/he/they execute(s) these articles for the purposes herein stated.

Hattie Allen

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

1/21/16
Date

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.

Hattie Allen
Printed Name of Incorporator

12-11-15
Date of Signature