

L160000012341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

JAN 22 2016

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16 JAN 14 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FL 32302



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2015

RECEIVED JAN 14 DEC'D

DANA MURRAY
1133 ANGUS STREET
JACKSONVILLE, FL 32208

SUBJECT: SENIOR SOURCE HOMEHEALTH SERVICES
Ref. Number: W15000069854

We have received your document for SENIOR SOURCE HOMEHEALTH SERVICES and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 415A00022313

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Senior Source Home health 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:

Mailing Address:

1133 Angus Street
Jacksonville, FL 32208

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:

Dana D. Murray
Name
1133 Angus Street
Florida street address (P.O. Box **NOT** acceptable)
Jacksonville FL 32208
City State Zip

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TALLAHASSEE FL 09100

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..

Dana D. Murray
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

AMBR

AMBR

AMBR

Name and Address:

Dana D. Murray
1133 Angus Street
Jacksonville FL 32208

Raymond Richo
1133 Angus Street
JACKSONVILLE, FL 32219

Angel Nynn
7876 Pipit Ave
JACKSONVILLE, FL 32219

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10-6-2015 (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:

Dana D. Murray

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.

Dana D. Murray

Typed or printed name of signer

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)

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED