

L160000016938

(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



300280802883

01/15/16--01003--006 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 15 AM 9:38

JAN 15 2016

S. PRATHER

**MARK R. FORTUNATO
ATTORNEY AND COUNSELOR AT LAW**

**3296 STONES THROW AVE.
POLAND, OHIO 44514**

**PHONE 330.757.7171
FAX 330.757.4234**

January 13, 2016

VIA OVERNIGHT MAIL

Florida Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Organization and Designation of Registered Agent for SenFLo, LLC

Sir/Madam:

Please find enclosed the following:

1. Articles of Organization and Designation of Registered Agent for SenFLo, LLC
2. Filing fee in the amount of \$125.00 payable to the Florida Department of State.

Please contact the undersigned with any questions or if you need further information.

Sincerely,



Mark Fortunato

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SenFlo, 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:

Michael S. Senchak

Name of Person

Firm/Company

15025 Spinnaker Cove Dr

Address

Winter Garden, Florida 34787

City/State and Zip Code

senchak @ firstlighthomecare . com

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

For further information concerning this matter, please call:

Mark Fortunato

330

718 4826

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:

SenFlo, 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:

15025 Spinnaker Cove Dr
Winter Garden, Florida 34787

Mailing Address:

15205 Spinnaker Cove Dr
Winter Garden, Florida 34787

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:

Michael S. Senchak

Name

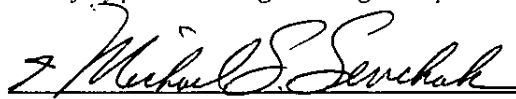
15205 Spinnaker Cove Dr

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

Winter Garden Florida 34787

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 15 AM 9:38

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

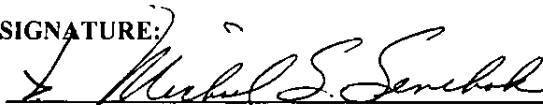
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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:



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.



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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 15 AM 9:39