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## **COVER LETTER**

j

TO: Registration Section Division of Corporations
SUBJECT: RR Care Management, ILC  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:
Kizzy Caldwell Name of Person
R2 Care management, LLC Firm/Company
5102 Pueblo St.
Address
Orlando, FC 32819 City/State and Zip Code
Kcaldwelle rrcaremanagement. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address

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

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:

RR Care Manage	ement.LLC
PR Care Manage (Must end with the words "Limited Liab	oility 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:
4560 Barley St. Orlando, FL 32811	5102 Rieblo St. Drlando, Fl 32819
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agen	
Kizzy Cald	me I
5102 Pueblo	
Florida street address (P.C	D. Box NOT acceptable)
Orlands F	-L 32819 State Zin
City	State Zip
Having been named as registered agent and to accept service of place designated in this certificate, I hereby accept the appointme further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as regional Registered A	ent as registered agent and agree to act in this capacity. I g to the proper and complete performance of my duties, and I

(CONTINUED)

Page 1 of 2

46 158 21 DB 1-12

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	1/1224 Caldwell 5102 Ruhlo st. Dilando, FL 32819	
AMBR	Samantha Denmank 4118 Avrano St. Orlando, FL	
<del></del>		
(Use attachment if necessary)		
ICLE V: Effective date, if other than the	date of filing: (OPTIONAL)	dove
ICLE V: Effective date, if other than the one offective date is listed, the date must be ate of filing.)	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not	
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