

L16000053205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

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16 MAR 17 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W16-17268

02-17-16
2

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vanita Mahan Health Care

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:

Vanita Mahan

Name of Person

Firm/Company

29542 Waggle Drive

Address

San Antonio, FL 33576

City/State and Zip Code

vamahan@tampabay.rr.com

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

For further information concerning this matter, please call:

Vanita Mahan

813

312-7121

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)

1

**\$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2016

VANITA MAHAN
29542 WAGGLE DRIVE
SAN ANTONIO, FL 33576

SUBJECT: VABITA MAHAN HEALTH CARE, LLC
Ref. Number: W16000017268

We have received your document for VABITA MAHAN HEALTH CARE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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.

Tim Burch
Regulatory Specialist II

Letter Number: 316A00004753

RECEIVED

16 MAR 17 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vanita Mahan Health Care, 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:

2824 Windguard Circle

29542 Waggle Drive

Suite 101

Wesley Chapel, FL 33544

San Antonio, FL 33576

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:

Vanita Mahan

Name

29542 Waggle Drive

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

San Antonio, FL 33576

City

State

Zip

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TALLAHASSEE, FLORIDA

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.

Vanita Mahan

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

MGR

Name and Address:

Vanita Mahan

29542 Waggle Drive

San Antonio, FL 33576

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TALLAHASSEE, FLORIDA

(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:

Vanita Mahan

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.

Vanita Mahan

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)