## LI lo cooled loss

(Requestor's Name)		
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PICK-UP WAIT	MAIL	
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

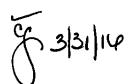
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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jane Green's Companionable Care, 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:
Jane Green Name of Person
Jane Greens Companionable Care, LLC, Firm/Company
2700 N. 34th Ave Unit D
Holywood FL 33021  etty/State and Zip Code  jmng 1205@ y a hoo.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jane Green at (954) 709 - 9904  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301Tallahassee, FL 32301

## EFFECTIVE DATE 03 23 10

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

The name of the Limited Liability Company is.	16 HAR 28 PM 3-12
Tane Green's Companionable (Must end with the words "Limited Liability Company, "L.L.C.,"	Care LL CIAS DE TATES or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability C	ompany is:
Principal Office Address:	Mailing Address:
2700 N. 34 L Ave 2700 Linit D Linit D Linit Hollywood, FL 3302 ( Hollywood FL 3302 ( Hollywood FL 3302) Hollywood FL 3302 (The Limited Liability Company cannot serve as its own Registered Agent. You must danother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
<u>Jane Green</u>	
Florida street address (P.O. Box NOT acceptable)  Hollywood, FL 330  City State Z	<del></del>
daving been named as registered agent and to accept service of process for the above state	ed limited liability company at the

(CONTINUED)

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..

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MG-R	Jane Green 2700 N. 344 Ave Unit D Hollywood, FL 330	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specified the date of filing.)  Note: If the date inserted in this block does not meet the document's effective date on the Department of	fic and cannot be more than five business days priest the applicable statutory filing requirements, this de	or to or 90 days after
ARTICLE VI: Other provisions, if any.		
REOUIRED SIGNATURE:	L'hean	
This document is executed I am aware that any false in constitutes a third degree fe	oper or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida formation submitted in a document to the Department of the Department o	a Statutes.
	Typed or printed name of signee  Filing Fees:	<b>5 6</b>
\$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	nization and Designation of Registered Agent	MAR 28

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

ARTICLE'IV-