

L16000065919

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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

**PHONE 330.757.7171
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March 7, 2016

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

Re: Firstlight Homecare of the Treasure Coast, Ltd.

Sir/Madam:

Please find enclosed the following for filing:

1. Cover letter and Articles of Organization for Firstlight Homecare of the Treasure Coast, Ltd.
2. Filing fee of \$125.00

Thank you and please call with any questions.

Sincerely,



Mark Fortunato



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2016

MARK R. FORTUNATO
ATTORNEY AND COUNSELOR AT LAW
3296 STONES THROW AVE
POLAND, OH 44514

SUBJECT: FIRSTLIGHT HOMECARE OF THE TREASURE COAST, LTD.
Ref. Number: W16000020153

We have received your document for FIRSTLIGHT HOMECARE OF THE TREASURE COAST, LTD. 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 use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 716A00005554

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Firstlight Homeware of the Treasure Coast, L.L.C.

(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:

357 NE Brasher Ct.

Same

Port St. Lucie, Fla.

34983

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 Senchak

Name

357 NE Brasher Ct.

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

Pt. St. Lucie Florida 34983

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.

x Michael Senchak

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

ADD AMBR

Name and Address:

Michael Senohak
357 NE Brasher Ct.
Pt. St. Lucie, Florida 34983

(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:

Michael Senohak

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.

Michael Senohak

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)

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