

L16000087865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

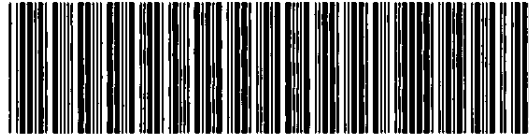
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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155.00
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16 MAY -6 PM 4:37

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FILING OFFICE
CALIFORNIA

5/10/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Heart 2 Hands Living 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:

Rokeshia Reddick

Name of Person

Heart 2 Hands Living Care, LLC

Firm/Company

24846 Calusa Blvd.

Address

Eustis, FL 32736

City/State and Zip Code

keshia9701@aol.com

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

For further information concerning this matter, please call:

Rokeshia Reddick 407 844-5504
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

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May 2, 2016

Rokeshia Reddick
24846 Calusa Blvd.
Eustis, FL 32736

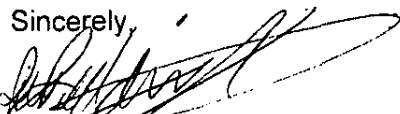
To: Registration Section
Division of Corporations
Subject: Heart 2 Hands Living Care
Ref. Number: W16000027058

In response to your letter dated April 12, 2016 regarding my application for conversion from a sole proprietorship to an LLC, I am formally submitting the enclosed articles of organization for an LLC to be named Heart 2 Hands Living Care, LLC. I have also enclosed a copy of your response with my request.

Per my telephone conversation with your representative, Teresa on May 2, 2016, the \$155 submitted with my initial paperwork will be applied to the cost of the LLC filing fee of \$130 and the remainder can be refunded to me at the address above.

If you have any questions regarding this matter or need additional information, please contact me at (407) 844-5504.

Sincerely,



Rokeshia Reddick

Enclosure

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16 MAY -6 PM 4: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

16 MAY -6 PM 12: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 12, 2016

ROKESHIA REDDICK
24846 CALUSA BLVD.
EUSTIS, FL 32736

SUBJECT: HEART 2 HANDS LIVING CARE
Ref. Number: W16000027058

We have received your document for HEART 2 HANDS LIVING CARE and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Florida law does not allow a sole proprietorship to file a conversion. A sole proprietorship is a business owned and operated by one individual. As a sole proprietor, the one individual owner is responsible for making all of the business decisions and all of the debts of the business are considered to be the debts of the one individual owner, as well. The sole proprietorship may or may not conduct business under the one individual owner's legal name. Because the business and the individual are considered as one organization and need each other to co-exist from a legal perspective, a sole proprietorship is not considered a business entity and cannot, therefore, file a conversion under Florida law.

If your sole proprietorship is actually owned and operated by two or more individuals and those individuals serve in the capacity of a partner, your business may not be a sole proprietorship. Your business may meet the definition of a partnership in accordance with Chapter 620, Florida Statutes. Chapter 620, Florida Statutes, allows a partnership to file a conversion. However, the partnership must first file a statement of registration in accordance with section 620.8105, Florida Statutes.

We are enclosing a statement of registration should your business entity meet the criteria of a partnership and you wish to proceed with the conversion. Please note the fee to register a partnership is \$50. To proceed with the conversion, please correct your conversion documents to reflect your current business entity is a partnership and resubmit the conversion documents along with the enclosed registration statement and an additional fee of \$50.

This office strongly suggests that you seek legal advice concerning this matter.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 216A00007511

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Heart 2 Hands Living Care, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

24846 Calusa Blvd.
Eustis, FL 32736

Mailing Address:

P.O. Box 23
Eustis, FL 32726

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:

Decktrick Smith

Name

2516 Sennett Drive

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

Leesburg

Florida

34748

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)

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:

Rokeshia Reddick

24846 Calusa Blvd.

Eusits, FL 32736

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/1/2016 (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.

Rokeshia Reddick

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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CLERK OF THE COURT
TALLAHASSEE, FLORIDA