

L16000092520

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W/H

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: New Beginning/Senior Living <sup>Care</sup> ~~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:

Veronica Brooks  
Name of Person

New Beginning/Senior Living <sup>Care</sup> ~~Care~~ LLC  
Firm/Company

1576 Waldorf Circle NE  
Address

Palm Bay, FL 32905  
City/State and Zip Code

BROOKS43@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica Brooks at ( 321 ) 735-3329  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 5, 2016

VERONICA BROOKS  
1576 WALDORF CIRCLE NE  
PALM BAY, FL 32905

SUBJECT: NEW BEGINNING/SENIOR LIVING CARE, LLC.  
Ref. Number: W16000033196

We have received your document for NEW BEGINNING/SENIOR LIVING CARE, LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type or print the first and last name of the Registered Agent.

~~The annual report/uniform business report must be signed by an officer or director of the corporation.~~

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: 316A00009481

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

New Beginning/Senior Living <sup>Care</sup> ~~Center~~, 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:

1576 Waldorf Cir NE  
Palm Bay, FL  
32905

Mailing Address:

1576 Waldorf Cir NE  
Palm Bay  
FL 32905

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:

Veronica Brooks  
~~Veronica Brooks~~ UB  
Name

1576 Waldorf Cir NE  
Florida street address (P.O. Box **NOT** acceptable)  
Palm Bay FL 32905  
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.

Veronica Brooks

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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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  
CEO

**Name and Address:**  
Veronica Brooks  
1576 Waldorf Circle NE  
Palm Bay, FL 32909

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 4/25/2016 (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**

Veronica Brooks

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.

Veronica Brooks  
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)