

L16000104591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

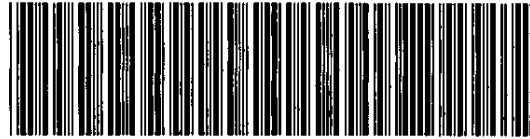
(Document Number)

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FILED  
16 MAY 27 PM 1:51  
U.S. DISTRICT COURT  
EAST DISTRICT OF CALIFORNIA

5/31/14

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Chosen Caring Hands, 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:

Jacqueline James  
Name of Person

Chosen Caring Hands, LLC  
Firm/Company

3947 Warbler Drive  
Address

Winter Haven, Fla, 33880  
City/State and Zip Code

jjaqua12006@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline James at ( 352 ) 301-1778  
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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16 MAY 27 PM 1:51



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2016

JACQUELINE JAMES  
3947 WARBLER DRIVE  
WINTER HAVEN, FL 33880

SUBJECT: CHOSEN CARING HANDS, LLC  
Ref. Number: W16000035790

We have received your document for CHOSEN CARING HANDS, 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):

We are enclosing the proper form(s) with instructions for your convenience.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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: 216A00010395

FILED  
16 MAY 27 PM 1:51  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chosen Caring Hands, LLC

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

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16 MAY 27 PM 1:51

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:

3947 Warbler Drive  
Winter Haven, FL 33880

Mailing Address:

3947 Warbler Drive  
Winter Haven, FL 33880

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:

Makesha Young  
Name

135 Manseau Drive

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

Winter Haven, Fla, 33880

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..

Makesha Young  
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

**Name and Address:**

\_\_\_\_\_

MGR

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Jacqueline James

3947 Warbler, Drive

Winter Haven, FL 33880

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

Jacqueline James

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.

Jacqueline James

Typed or printed name of signer

**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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16 MAY 27 PM 1:51  
STATE  
TALLAHASSEE, FLORIDA