## L1600037412

(Re	equestor's Name)	
(Ad	ldress)	
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(Cr	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CALLE ALCETO 1/2	
SUBJECT: <u>CARING ANGELS</u> HO Name of Limited L	ability Company
The analysis Assistant Committee and Co. (2) and all the	(a. 1 C. Cl)
The enclosed Articles of Organization and fee(s) are subm	•
Please return all correspondence concerning this matter to	the following:
MARYLA HAO	WEICOTTE e of Person
CARING ANGE	is Home
CARING ANGEO Firm	/Company
534 HOWELL	STREET
<i>*</i>	Address
DUNEDON, FL.	34698  e and Zip Code  Alob. Com  ure annual report notification)
City/Stat	e and Zip Code
Ungelsalf @ yo	aloo, com
E-mail address; (to be used for hit	ure annual report notification)
For further information concerning this matter, please call:	
MARYLA HAUEKOTTE at (727  Name of Person Area Coo	) 453 - 1970 le Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	55.00 Filing Fee & Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section	Street Address New Filing Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
a more constructed a set of dest a 1	Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	1				
The name of the Limited Liability	Company is:				
4	44				
<i></i>	ARING AN	GELS F	SOME L	ic	
(Must end w	ith the words "Limited I	Liability Compa	ny, "L.L.C.," or "L	LC.")	
ARTICLE II - Address:					
The mailing address and street add	lress of the principal off	ice of the Limite	ed Liability Compa	ny is:	
	Office Address:		Mailing Address:		
534 HOWEL	U STREET	<u> </u>	34 HOWE	FL STREET	
DUNEAN, F	-6	<del></del>	DUNEDIN	Flo	
34698	****		3469	8	
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac	annot serve as its own R	Registered Agent		ate an individual or	
The name and the Florida street ac	_	<b>-</b>			
	MARNL	4 1120	UERBITTE	<u>-</u>	
	- Falle 1-1	Name			
	534 HO	WELL	STREET	<b>,</b>	
Name  534 HOWEU STREET  Florida street address (P.O. Box NOT acceptable)					
	DUNEDIN City	FL	34690	8	
	City	State	Zip	<del></del>	
laving been named as registered ag lace designated in this certificate, I urther agree to comply with the pro im familiar with and accept the obli	hereby accept the appoi visions of all statutes rele gations of my position as	intment as registating to the prop	ered agent and agre er and complete pe	ee to act in this capacity. I rformance of my duties, and I Chapter 605, F.S	

Page 1 of 2

(CONTINUED)

ref filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records.  IE 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.	"MGR" = Manager  WGR/ONNER  "By Howeru's T  Duncton, Fu 346 g8  (Use attachment if necessary)  EV: Effective date, if other than the date of filing: Suby 10 JULE (OPTIONAL)  ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or in 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.  MANYA HAWENCITE  Typed or printed name of signee	"MGR" = Manager	
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