

L170000060985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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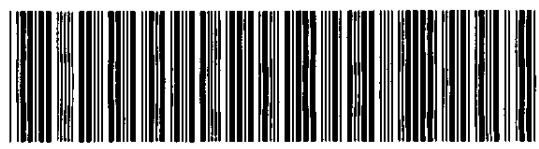
(Business Entity Name)

(Document Number)

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17 MAR 20 PM 12:50

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DIVISION OF CORPORATIONS
17 MAR 20 PM 2:27

T. SCHROEDER
3.20.17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Home Companion Services
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:

LaShunda Cheree' Pittman
Name of Person

Quality Home Companion Services
Firm/Company

3957 Forsythe Park Court
Address

Tall, FL 32309
City/State and Zip Code

qualityservices0611@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LaShunda Pittman at (850) 294-2407
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Quality Home Companion Services, 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:

1334 Timberlane Rd Suite 6
Tall, FL 32309

Mailing Address:

3957 Forsythe Park Ct.
Tall, FL 32309

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:

LaShunda Cheree' Pittman
Name

3957 Forsythe Park Court
Florida street address (P.O. Box **NOT** acceptable)

Tall, FL 32309

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..

LaShunda Cheree' Pittman
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

Name and Address:

MGR

AM BR

AM BR

Lashunda C Pittman
3957 Forsythe Park Ct.
Tall, FL 32309

Harely Clayton
3957 Forsythe Park Ct.
Tall, FL 32309

Brenda Everett
1306 Bluebird Ave
Thomasville, Ga 31792

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/20/17 (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.

To provide hands on training and support to assist individuals to
identify their needs, strength, weakness, community based
resources and family support that will promote mental and
physical growth.

REQUIRED SIGNATURE:

Lashunda Cheree Pittman

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.

Lashunda Cheree Pittman

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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