

| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | ldress)           |             |
| (Cit                    | ty/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | isiness Entity Na | me)         |
| (Do                     | ocument Number    | )           |
| Certified Copies        | _ Certificate     | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
| <u> </u>                |                   |             |

Office Use Only



600304439846

10/13/17--01082--026 \*\*155.00

ZOITOCT 13 AM IO: O

007 <sub>1 6</sub> 2017 C Kinsey

## **COVER LETTER**

| 10:               | New Filing Section Division of Corporations  |                    |   |  |
|-------------------|--|--------------------|---|--|
| SUBJEC            | Home Sweet Home of Delray, LL  | .c                 |   |  |
|                   |  | Limited Liabili    | ty Company  | <del></del>  |
| The encl          | osed Articles of Organization and fee(s  | s) are submitted   | for filing.   |  |
| Please re         | eturn all correspondence concerning this   | s matter to the fo | ollowing:   |  |
|                   | Jennifer E. Zakin, Esq.  |                    |   |  |
|                   |  | Name of            | Person  |  |
|                   | Redgrave & Rosenthal LLP   |                    |   |  |
|                   |  | Firm/Con           | прапу   |  |
|                   | 120 E. Palmetto Park Road, Suite 4   | 00                 |   |  |
|                   |  | Addre              | ss  |  |
|                   | Boca Raton, Florida 33432  |                    |   |  |
|                   | jzakin@redgraveandrosenthal.com  | City/State and     | Zip Code  |  |
|                   | E-mail address: (to be us  | sed for future an  | nual report notificat   | ion)   |
| For further       | information concerning this matter, ple  |                    | ·   | •  |
|                   | Jennifer E. Zakin  | 561                | 347-1700  |  |
|                   | Name of Person   |                    | Daytime Telephon  | e Number   |
| Enclosed          | is a check for the following amount:   |                    |   |  |
| <b>3</b> 125.00 F | _  | Certified          | Filing Fee & [<br>Copy<br>copy is enclosed)                           | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                   | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallebesses, Fl. 22314 | N<br>D             | reet Address ew Filing Section ivision of Corporation lifton Building | DNS  |

2661 Executive Center Circle Tallahassee, FL 32301

## Home Sweet Home of Delray, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE II - Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

| Principal Office Address: | Mailing Address:          |
|---------------------------|---------------------------|
| 7390 Fairway Trail        | 7390 Fairway Trail        |
| Boca Raton, Florida 33487 | Boca Raton, Florida 33487 |

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:

Jennifer E. Zakin, Esq. Name 120 E. Palmetto Park Road, Suite 400 Florida street address (P.O. Box NOT acceptable) Boca Raton

City State

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 postum as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| "AMBR" = Authorized Member  | Name and Address:  |
|---|--|
| "MGR" = Manager   |  |
| MGR   | Linda Tome   |
|   | 7390 Fairway Trail   |
|   | Boca Raton, Florida 33487  |
| MGR   | William Tome, Jr.  |
|   | 7390 Fairway Trail   |
|   | Boca Raton, Florida 33487  |
| <del></del>   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of   | of filing: (OPTIONAL)  |
| CLE V: Effective date, if other than the date of effective date is listed, the date must be spected of filing.)   | of filing:, (OPTIONAL) cific and cannot be more than five business days prior to or 90 da eet the applicable statutory filing requirements, this date will not be f State's records. |
| CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.)  If the date inserted in this block does not mecument's effective date on the Department of CLE VI: Other provisions, if any.  | eet the applicable statutory filing requirements, this date will not be  |
| CLE V: Effective date, if other than the date of effective date is listed, the date must be spected of filing.)  If the date inserted in this block does not measurement's effective date on the Department of the date.  | eet the applicable statutory filing requirements, this date will not be  |
| CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.)  If the date inserted in this block does not me cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem.  This document is executed I am aware that any false is | eet the applicable statutory filing requirements, this date will not be  |

ARTICLE IV-

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)