

L18000 107 197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

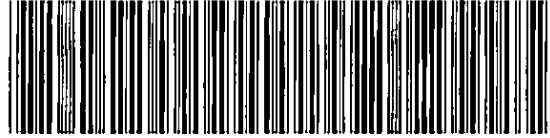
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/03/18--01004--005 **125.00

FILED
2018 MAY -3 AM 10:12
CLERK OF SUPERIOR COURT
JULIA A. HARRIS

FILED
2018 MAY -3 AM 10:24
CLERK OF SUPERIOR COURT
JULIA A. HARRIS

D O'KEEFE

MAY - 3 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: In-Home Quality Care Services, 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:

Verda Owens

Name of Person

In-Home Quality Care Services, LLC

Firm/Company

355 Mine Road

Address

Midway, Florida 32343

City/State and Zip Code

hhnf2020@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Verda Owens

850

284-6460

at ()

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:

In-Home Quality Care Services, LLC

(Must contain 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:

355 Mine Road, Midway, Florida 32343

Mailing Address:

P.O. Box 491, Midway, Florida 32343

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:

Verda Owens

Name

355 Mine Road

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

Midway, Florida 32343

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.

Verda Owens

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2013 MAY - 3 AM 10:24
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
MIAMI-DADE COUNTY, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Frederick Williams
920 S. Main Street
Havana, Florida 32333

MGR

Verda Owens
355 Mine Road
Midway, Florida 32343

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/27/2018. (OPTIONAL)

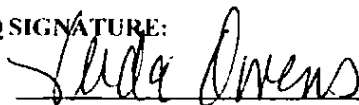
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

None

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.
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.

Verda Owens

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)

FILED
2018 MAY -3 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FL 32310