Division of Corporations Electronic Filing Cover Sheet

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(((H180002015293)))



H180002015293ABC

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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : USACORP INC. Account Number : 120130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mendelfischer@gmail.com

2010 JUL 11 PH 2: 34

FLORIDA LIMITED LIABILITY CO. 17320 NE 12 CT LLC

Certificate of Status	0
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Page Count	02
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SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	:
17320 NE 12 CT LLC	
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LUC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
600 NE 168TH ST	600 NE 168TH ST
NORTH MIAMI BEACH,FL 33162	NORTH MIAMI BEACH, FL 33162
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the registration.	stered Agent. You must designate an individual or another
CHANA FISCHER	
Nam	c
600 NE 168TH ST	
Florida street address (P.O	O. Box NOT acceptable)
NORTH MIAMI BEACH	FL 33162
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited in this certificate. I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 603. F.S.
/s/ CHANA FISCHER	
Registered Agent's Sign	nature (REQUIRED)
(CONTIN	
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ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	CHANA FISCHER
	600 NE 168TH ST
	NORTH MIAMI BEACH, FL 33162
	g ₁ ,
(If an effective date is listed, the date mus to or 90 days after the date of filing.)	the date of filing: (OPTIONAL) it be specific and cannot be more than five business days prior it the applicable statutory filing requirements, this date will not be listed as the e's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
/s/ CHANA F	ISCHER
This document is executed in 1 am aware that any false infor	per or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State my as provided for its \$17.155. F.S.

Typed or printed name of signee

Filing Fees

CHANA FISCHER



July 11, 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

REZLEGAL, LLC

SUBJECT: MISSIONCARE, LLC

REF: W18000063089

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

If you have any further questions concerning your document, please call (850) 245-6052.

KYLE D BRUMBLEY Regulatory Specialist II New Filing Section

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