

L180005240686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

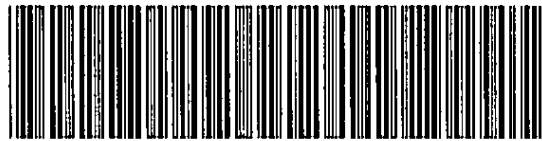
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000319374360

10/17/18--01030--018 \*\*125.00

OCT 19 2018

K. PAGE

SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 OCT 17 AM 6:52  
TALLAHASSEE, FLORIDA

# FABIENNE BLANC

fabienne\_blanc@yahoo.com

October 12, 2018

Dear Sir or Madam,

Fabienne Blanc  
Bringing Care Home, Home Care Services LLC,  
West Palm Beach FL, 33411  
561-225-7970  
BCHome18@gmail.com

RE:

I am contacting you as the owner of Bringing Care Home Services, LLC at residing address of 7136 South Military Trail Suite 3, Lake Worth, FL 33463. I Fabienne Blanc, owner, submitting a new application as Bringing Care Home, Home Care Services, LLC, at new address 2054 Vista Parkway Suite 400, West Palm Beach FL, 33411. I am also giving consent to making these changes to my new application for LLC.

Sincerely,

A handwritten signature in black ink, appearing to be 'Fabienne Blanc', written in a cursive style.

Fabienne Blanc

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT:

Bringing Care Home, Home 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:

Fabienne Blanc

Name of Person

Bringing Care Home, Home Care Services LLC

Firm/Company

254 Vista Parkway Suite 400

Address

West Palm Beach FL 33411

City/State and Zip Code

BCHome18@gmail.com

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

For further information concerning this matter, please call:

Fabienne Blanc

at (561)

225-7970

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:

Bringing Care Home, Home 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:  
2054 Vista Parkway Suite 400  
West Palm Beach FL 33411

Mailing Address:  
1001 New Parkview Pl  
Haverhill FL 33417

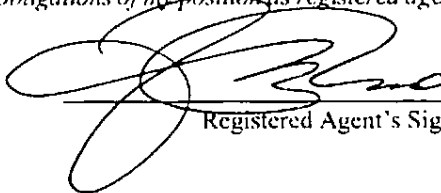
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Fabienne Blanc  
Name  
1001 New Parkview Pl  
Florida street address (P.O. Box NOT acceptable)  
Haverhill FL 33417  
City State Zip

I 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.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

RECEIVED  
DIVISION OF CORPORATION  
18 OCT 17 AM 6:52  
TALLAHASSEE, 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

**Name and Address:**

AMBR

Fabienne Blanc  
1001 New Parkview Pl  
Haverhill FL 33417

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A (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.

**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.

Fabienne Blanc

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)

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
18 OCT 17 AM 6:52  
TALLAHASSEE, FLORIDA