

L19000019265

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(Business Entity Name)

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ALABAMA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Superior Senior Care 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:

Sharon Smith
Name of Person

1810 Meriadee Rd.
Address

Tallahassee FL 32303
City/State and Zip Code

Sharonbell459@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon at 0229 474-1904
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:

Superior Seniors Care 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:

1810 Menard Rd
Tallahassee FL
32303

Mailing Address:

1810 Menard Rd
Tallahassee FL
32303

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:

Brandon Smith
Name

1810 Menard Rd
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32303
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.

Brandon Smith
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL 32303

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

"MGR" = Manager

22

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Steven Smith
1810 Maricopa Rd
Tallahassee Fl. 32303


ARTICLE V: Effective date, if other than the date of filing: 1-24-19. (OPTIONAL.)

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.

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.

constitutes a third degree felony as provided for in s.817.153, F.S.


Typed or printed name of signee

\$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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CLERK OF DISTRICT COURT
STATE OF MINNESOTA