

L19000076556

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : SUPERBIZ.COM, INC.
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Phone : (800) 494-3124
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
NOT ALONE HOMECARE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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FILED
19 MAR 25 AM 12:59
TALLAHASSEE, FLORIDA

H-19000099450-3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is:

NOT ALONE HOMECARE LLC

ARTICLE II ADDRESS

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

973 NW LEONARDO CIRCLE

PORT SAINT LUCIE, FLORIDA 34986

ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:

DIEUNADE VOLMY

973 NW LEONARDO CIRCLE

PORT SAINT LUCIE, FLORIDA 34986

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.

X /s/ Dieunade Volmy

DIEUNADE VOLMY / Registered Agent's signature

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19 MAR 25 AM 1:08
CLERK OF DISTRICT COURT
PORT SAINT LUCIE, FLORIDA

H19000099450.3

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ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
DIEUNADE VOLMY
973 NW LEONARDO CIRCLE
PORT SAINT LUCIE, FLORIDA 34986

.....

X /s/ Dieunade Volmy

DIEUNADE VOLMY / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

FILED
9 MAR 25 AM 1:08
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA