

L19000207317

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.
Account Number : I20070000160
Phone : (800) 494-3124
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SECRETARY OF STATE
TALLAHASSEE, FL

2019 AUG 19 AM 11:47

**FLORIDA LIMITED LIABILITY CO.
B & B HOME CARE MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

7/19000247205.3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I NAME**

The name of the Limited Liability Company is:

B & B HOME CARE MANAGEMENT LLC

ARTICLE II ADDRESS

The principal address of the Limited Liability Company is:

25331 1ST STREET

SUMMERLAND KEY, FLORIDA 33042

The mailing address of the Limited Liability Company is:

PO BOX 431980

BIG PINE KEY, FLORIDA 33043

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SECRETARY OF STATE
TALLAHASSEE, FL**ARTICLE III REGISTERED AGENT**

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

TODD BROWN

25331 1ST STREET

SUMMERLAND KEY, FLORIDA 33042

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 Todd Brown

TODD BROWN / Registered Agent's signature

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PAGE 2 B & B HOME CARE MANAGEMENT LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

TODD BROWN

PO BOX 431980

BIG PINE KEY, FLORIDA 33043

SECRETARY OF STATE
TALLAHASSEE, FL

2019 AUG 19 AM 11:47

.....

X Todd Brown

TODD BROWN / 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.)