

L19000284914

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☐ PICK-UP

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19 NOV 15 AM 9:43

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DEC 05 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

13 NOV 15 AM 9 43

SUBJECT: Touchstone ProCare, 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:

Ben Cecil

Name of Person

Firm/Company

8001 NW 125th Terrace.

Address

Parkland FL 33410

City/State and Zip Code

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

For further information concerning this matter, please call:

Craig Rogers

435

899-9997

at ()

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

ARTICLE IV-

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

13 NOV 15 AM 9:43

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

(Use attachment if necessary)

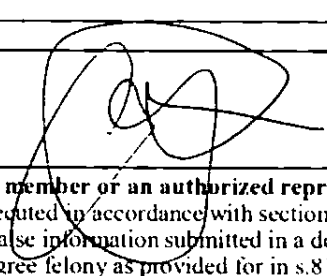
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

Craig Rogers

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)

LISTING OF MEMBERS

As of the 1st day of November, 2019 the following is a list of Members of the Company:

NAME	ADDRESS
<u>James McManus</u>	<u>1391 Dakota Dr.</u> <u>Jupiter, FL 33458</u>
<u>Ben Cecil</u>	<u>8001 NW 125th Terrace</u> <u>Parkland, FL 33076</u>
<u>Eric Yunker</u>	<u>3134 E Maple Mountain Dr</u> <u>St George, UT 84790</u>
<u>Mark Sampson</u>	<u>973 S Red River Rd</u> <u>Washington, UT 84780</u>
<u>Curtis Reed</u>	<u>2402 Eastlake Dr</u> <u>St George, UT 84790</u>
<u>Craig Rogers</u>	<u>2156 E 2300 S Circle</u> <u>St George, UT 84790</u>