

L200000071886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

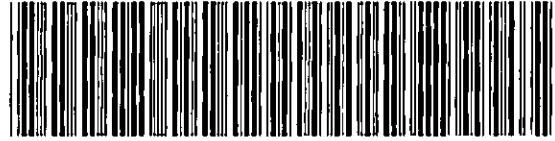
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

W200000021938

Received verbal consent from John
Stafford to add suffix to articles.

Office Use Only



000340485120

02/10/20--01044--014 **155.00

FILED
20 FEB 10 AM 4:56
STATE
PAID 155.00
2010A



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2020

NANCY R. STAFFORD
3550 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176

SUBJECT: COMPREHENSIVE LIFE CARE PLANNING
Ref. Number: W20000021938

We have received your document for COMPREHENSIVE LIFE CARE PLANNING and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Shondreka M Bellenger
Regulatory Specialist II

Letter Number: 820A00004431

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Comprehensive Life Care Planning
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy R. Stafford

Name of Person

Comprehensive Life Care Planning

Firm/Company

3550 Ocean Shore Blvd

Address

Ormond Beach, FL 32176

City/State and Zip Code

jdscoal@hotmail.com

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

For further information concerning this matter, please call:

Nancy Stafford

386

441-3522

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Comprehensive Life Care Planning 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:

3550 Ocean Shore Blvd
Ormond Beach, FL 32176

Mailing Address:

3550 Ocean Shore Blvd
Ormond Beach, FL 32176

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:

Nancy R. Stafford

Name

3550 Ocean Shore Blvd

Florida street address (P.O. Box NOT acceptable)

Ormond Beach

FL

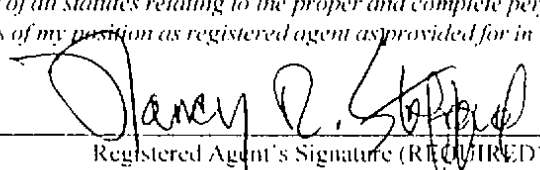
32176

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
20 FEB 10 AM 4:56
SPRINGFIELD, FL
FALL ADAMS COUNTY CLERK

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

"AMBR"

Nancy R. Stafford
3550 Ocean Shore Blvd
Ormond Beach, FL 32178

"MGR"

John D. Stafford
3550 Ocean Shore Blvd
Ormond Beach, FL 32178

(Use attachment if necessary)

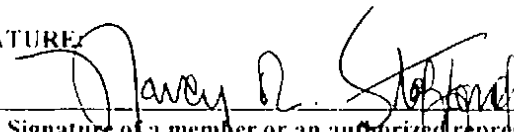
ARTICLE V: Effective date, if other than the date of filing: February 4, 2020 (OPTIONAL)

(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.

Nancy R. Stafford

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)

FILED
FEB 21 AM 11:56
STATE
FLORIDA