

L 20 000099352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

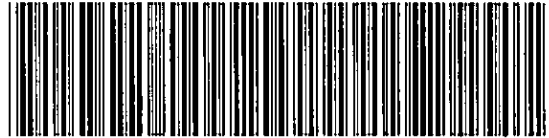
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200342758812

04/08/20--01012--003 ••155.00

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Nurse Elaine Private Recovery L.L.C.  
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:

Elaine Pinkins-Ingraham  
Name of Person

Nurse Elaine Private Recovery L.L.C.  
Firm/Company

1040 N.W. 178<sup>th</sup> Terr.  
Address

Miami Gardens, FL 33169  
City/State and Zip Code

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

For further information concerning this matter, please call:

Elaine Pinkins-Ingraham ( 786 ) 222-9923  
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

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 APR - 8 PM 2:09

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nurse Elaine Private Recovery L.L.C

(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:

1040 N.W. 178<sup>th</sup> Terr.  
MIAMI GARDENS, FL 33169

Mailing Address:

1040 N.W. 178<sup>th</sup> Terr.  
MIAMI GARDENS, FL 33169

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:

Ty'QUAIL L. Florence  
Name

3950 N. 50<sup>th</sup> AVE # 311  
Florida street address (P.O. Box **NOT** acceptable)

Hollywood FL. 33021  
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.

Ty'Quail L. Florence  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2020 APR - 8 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Elaine Pinkins Ingraham  
1040 N.W. 178th Terr.  
Miami, FL 33169

AMBR

Tyrone L. Florence  
1400 NE 19th St  
Miami, FL 33179

AMBR

Diamond Ingraham  
1040 N.W. 178th Terr.  
Miami, FL 33169

AmBR

Terrence L. Florence  
1040 N.W. 178th Terr  
Miami Gardens, FL 33169

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)

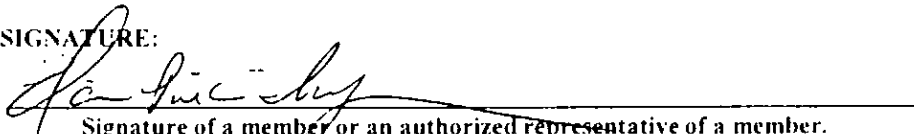
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Elaine Pinkins Ingraham  
Typed or printed name of signer

**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)

STATE OF FLORIDA  
TALLAHASSEE, FL

2020 APR - 8 PM 2: 09

FILED