

12/7/2020

Division of Corporations

L20000417092372876

Florida Department of State

Division of Corporations

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To:

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FLORIDA LIMITED LIABILITY CO.

Broome's Caring Hands P.L.L.C.

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Broome's Caring Hands P.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:Mailing Address:5493 Tabb AveSpring Hill, Florida 34609


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:

Nikki Netisha BeomeN/A5493 Tabb AveFlorida street address (P.O. Box **NOT** acceptable)Spring HillFlorida34609CityStateZip

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 ~~his~~ 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~~ **Chapter** 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

