

L21000140406

(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



200363229212

2021 APR -5 PM 3:22

04/06/21--01001--004 **155.00



-5 PM 3:47

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: C/S Home Health Care And Training Academy
Name of Limited Liability Company
LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samantha D. Jones
Name of Person

C/S Home Health Care And Training Academy
Firm/Company

3700 31st Street Suite 100D
Address

Orlando, Florida 32805
City/State and Zip Code

~~Samantha Jones~~ Samantha.jones@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kamome Perryman at (877) 1-800-221-63
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:

C & J Home Health Care And Training Academy 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:

Mailing Address:

3500 24th Street Suite 100D
Orlando, Florida 32805

3500 24th Street Suite 100D
Orlando, Florida 32805

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:

Kamorie Perryman
Name

6213 Greenfield Road
Florida street address (P.O. Box **NOT** acceptable)

Youngstown Florida 32416
City State Zip

2021 APR -5 PM 3:22

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.

Kamorie Perryman
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

AMBR

N/A

Name and Address:

Samantha D. Jones
10813 Greenfield Road
Youngstown, Florida 32414

Kamorie Perryman
10813 Greenfield Road
Youngstown, FL 32414

Corneshia Varnier
10813 Greenfield Road
Youngstown, FL 32414

(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:

to provide Home health care services and to offer
training and educational services in the State of Florida

REQUIRED SIGNATURE

Samantha D. Jones
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.

Samantha D. Jones
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)