

L21000152523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

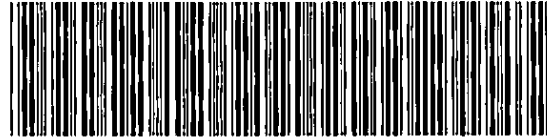
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



700363725747

04/12/21--01005--012 **130.00

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL
APR 12 PM 11:25
2021 APR 12 AM 11:35

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Gentle Approach Where Caregiving Never Ends 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:

Crystal James
Name of Person

Firm/Company

448 W Georgia St 4018 Tall, FL 32301
Address

Tallahassee, FL
City/State and Zip Code

Crystal.james1166@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal James at (900) 559-8614
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

Gentle Approach Where Caregiving Never Ends 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:

448 W Georgia St 4018 Tall, FL 32301 448 W Georgia St 4018 Tall, FL 32301

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:

Crystal James
Name

448 West Georgia St 4018 Tallahassee, FL 32301
Florida street address (P.O. Box ~~NOT~~ acceptable)

Tallahassee, FL 32301
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..

Crystal James
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 APR 12 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

Name and Address:

Crystal James
645 W. Crockett St. #1018 Tallahassee, FL 32301

2021 APR 12 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FL

FILED

(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 provided is a date which does not meet the applicable statutory filing requirements, this date will not be recorded in the document's official records with the Department of State's records.

ARTICLE VI: Other provisions, if any, _____

REQUIRED SIGNATURE:

Crystal James

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.

Crystal James

Typed or printed name of signee

Filing Fees:

\$25.00 Filing Fee, \$60.00 Annual Fee, and Designation of Registered Agent.