## L21000248095

(Requestor's Name)	
(Address)	
, , ,	
(Add)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Busiless Littly Name)	
(Document Number)	
Certified Copies Certificates of Status	
	<del></del> 1
Special Instructions to Filing Officer:	
	ļ

Office Use Only



700364776967

05/04/21--01042--008 \*\*168.00

UNG LAKY OF STATE

**★** 

D O'KEEFE MAY 2 7 2021

## **COVER LETTER**

	ew Filing Section vision of Corporations			
SUBJECT	. EMMANUE	L HOME CARE J	AX LLC.	
SUBJECT		nited Liability Comp	Rny	
The enclose	ed Articles of Organization and fee(s) ar	e submitted for filing		
Please retur	rn all correspondence concerning this m	atter to the following:		
	J	EAN KITUA KAI	UME	
		Name of Person		
	EMMA	NUEL HOME C	ARE JAX LLC.	
		Firm/Company		
	3864 RINGNECK, DR.			
		Address		
	JACKSON	IVILLE FL	32226	
	City/State and Zip Code EMMANUELHOMECAREJAX@GMAIL.COM			
_	E-mail address: (to be used		<del>-</del>	
For further in	formation concerning this matter, pleas	e call:		
	JEAN KITUA KALUME at (	256 , 65	1-8311	
•	Name of Person A	rea Code Daytir	ne Telephone Number	
Enclosed is	a check for the following amount:			
□\$125.00	Filing Fee   \$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Copy (additional copy is	Certificate of Status &	
	Mailing Address	Street Ac	<del>- List v List</del>	
	New Filing Section Division of Corporations		ng Section Division re of Tallahassee	
	P.O. Box 6327		Monroe Street, Suite 810	
	Tallahassee, FL 32314	Tallahass	ee, FL 32303	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	EMMANUEL HOM	E CARE J.	AX LLC.	
(Must contain	the words "Limited Liab	oility Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addr	ess of the principal offic	e of the Limit	ed Liability Company is:	
Principal C	Office Address:		Maiting Address:	
JEAN KITUA KAI 3864 RINGNECK JACKSONVILLE	(DR	3	EAN KITUA KALUME 864 RINGNECK DR. ACKSONVILLE, FL 322	26
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	nnot serve as its own Re			lual or
The name and the Florida street add	lress of the registered ag	ent are:		
	MONIA MI	CHEL TEN	МО	
- -	N	ame		
	3683 HARTSF	IELDS FO	REST CIR.	
_	Florida street address (P	.O. Box <b>NO</b> T	acceptable)	
	JACKSONVILLE	FL	32277	
	DACKSONVILLE		<del></del>	
<u>-</u>	City	State	Zip	
aving been named as registered age ace designated in this certificate, I h rther agree to comply with the provi	City  nt and to accept service of the appoint is in a contract of the appoint is in a contract of all statutes related the contract of the appoint is in a contract of the acceptance of the acc	of process for i ment as regist ing to the prop	he above stated limited liability ered agent and agree to act in th er and complete performance of	is capacity. I my duties, and
aving been named as registered age ace designated in this certificate, I h rther agree to comply with the provi n familiar with and accept the obliga	City  nt and to accept service of the appoint is is accept the appoint is is of all statutes related the accept of my position as reactions of my position as reactions.	of process for i ment as regist ing to the prop	he above stated limited liability ered agent and agree to act in th er and complete performance of	is capacity. I my duties, and

(CONTINUED)

21 HAY -4 PH 12: 13
SECRETARY OF STATE
TALLAHASSEE FI DRINA

ARTICLE IV-

• • •

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

"AMBR" = Authorized Member "MGR" = Manager  MGR	Citle:	Name and Address:	
AMBR  ANNY MBUYI KUBI-KALUME 3864 RINGNECK DR JACKSONVILLE, FL 32226  AMBR  ANNY MBUYI KUBI-KALUME 3864 RINGNECK DR JACKSONVILLE FL 32226  AMBR  MOIA MICHEL TEMO 3683 HARTISFIELDS FOREST CIR, JACKSONVILLE, FL 32277  AMBR  ANGELIQUE BIAKASASA KAPILA 13888 88TH STREET NE OTSEGO, MN 55330.  (Use attachment if necessary)  E.V.: Effective date, if other than the date of filing: OTSEGO, MN 55330.  (Use attachment if necessary)  E.V.: Effective date, if other than the date of filing: OTSEGO, MN 55330.  (Use attachment if necessary)  E.V.: Other inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E.VI: Other provisions, if any.  REOURED 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.  JEAN KITUA KALUME  Typed or printed name of signce  Filing Fees:  Eiling			
AMBR  ANNY MBUYI KUBI-KALUME  3864 RINGNECK DR.  JACKSONVILLE, FL 32226  AMBR  MONIA MICHEL TEMO  3683 HARTSFIELDS FOREST CIR.  JACKSONVILLE, FL 32277  AMBR  ANGELIQUE BIAKASASA KAPILA  13888 881H STREET NE  OTSEGO, MN 55330  (Use attachment if necessary)  E.V.: Effective date, if other than the date of filing:  (Use attachment if necessary)  E.V.: Effective date, if other than the date of filing:  (OPTIONAL)  ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 ds of filing.)  (Ithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E.VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a neother 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, E.S.  JEAN KITUA KALUME  Typed or printed name of signee  Filing Fees:  E. 125.00 Elling Fees:  E. 125.	MGR" = Manager		
AMBR  ANNY MBUYI KUBI-KALUME  3864 RINGNECK DR.  JACKSONVILLE, FL 32226  MONIA MICHEL TEMO  3683 HARTSFIELDS FOREST CIR.  JACKSONVILLE, FL 32277  AMBR  ANGELIQUE BIAKASASA KAPILA  13888 881H STREET NE  OTSEGO, MN 55330.  (Use attachment if necessary)  E. V: Effective date, if other than the date of filing:  (OPTIONAL)  ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 ds of filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E. VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a resoluted 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 fellony as provided for in s.817.155, F.S.  JEAN KITUA KALUME  Typed or printed name of signee	MGR	JEAN KITUA KALUME	
ANNY MBUYI KUBI-KALUME  3864 RINGRECK DR.  JACKSONVILLE. FL 32226  MONIA MICHEL TEMO 3683 HARTSFIELDS FOREST CIR.  JACKSONVILLE. FL 32277  AMBR  ANGELIQUE BIAKASASA KAPILA 13888 88TH STREET NE OTSEGO. MN 55330  (Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:  (Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:  (OPTIONAL)  ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a number 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, E.S.  JEAN KITUA KALUME  Typed or printed name of signee  Filing Fees:  Elling Fees:  Elling Fees:  Elling Fees:  Elling Fees:  Elling Fees:			
AMBR  MONIA MICHEL TEMO 3683 HARTSFIELDS FOREST CIR. JACKSONVILLE. FL 32227  AMBR  ANGELIQUE BIAKASASA KAPILA 13888 88TH STREET NE OTSEGO. MN 55330.  (Use attachment if necessary)  E.V.: Effective date, if other than the date of filing: OTSEGO. MN 55330.  (Use attachment if necessary)  E.V.: Effective date, if other than the date of filing: OTSEGO. MN 55330.  (OPTIONAL)  To or 90 day  of filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E.VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a pachber 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.  JEAN KITUA KALUME  Typed or printed name of signee  Filing Fees:  Filing Fees:  Filing Fees:  Filing Fees:		JACKSONVILLE, FL 32226	
AMBR  MONIA MICHEL TEMO 3683 HARTSFIELDS FOREST CIR. JACKSONVILLE, FL 32277  AMBR  ANGELIQUE BIAKASASA KAPILA 13888 88TH STREET NE QTSEGO, MN 55330  (Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:	AMBR	ANNY MRUYI KURI-KAI UMF	
MONIA MICHEL TEMO 3683 HARTSFIELDS FOREST CIR. JACKSONVILLE. FL 32277  AMBR  ANGELIQUE BIAKASASA KAPILA 13888 88TH STREET NE OTSEGO. MN 55330.  (Use attachment if necessary)  E. V.: Effective date, if other than the date of filing: OTSEGO. MN 55330.  (Use attachment if necessary)  E. V.: Effective date, if other than the date of filing: OTSEGO. MN 55330.  (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 ds of filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature 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.  JEAN KITUA KALUME  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Opening this and Designation and Paging the articles of Paging this and Designation and Paging the Arguments.		3864 RINGNECK DR.	
ANGELIQUE BIAKASASA KAPILA  13888 88TH STREET NE  OTSEGO, MN 55330.  (Use attachment if necessary)  E. V: Effective date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E. VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a regimber 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.  JEAN KITUA KALUME  Typed or printed name of signce  Filing Fees:  Filing Fees:		JACKSONVILLE, FL 32226	
AMBR  ANGELIQUE BIAKASASA KAPILA 13888 88TH STREET NE OTSEGO. MN 55330.  (Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:  (OPTIONAL)  ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 ds of filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E. VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a regular 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.  JEAN KITUA KALUME  Typed or printed name of signee	AMBR	MONIA MICHEL TEMO	
ANGELIQUE BIAKASASA KAPILA  13888 88TH STREET NE  OTSEGO, MN 55330.  (Use attachment if necessary)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (In date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  (E VI: Other provisions, if any.  Signature of a register 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.  JEAN KITUA KALUME  Typed or printed name of signce		3683 HARTSFIELDS FOREST CI	R
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:		JACKSONVILLE, FL 32277	
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:	ALIRD	ANCELIOUS BIAKAÇASA KADIL.	۸
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:			
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:			
E V: Effective date, if other than the date of filing:			
E V: Effective date, if other than the date of filing:	Use attachment if necessary)		
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (I) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State.  JEAN KITUA KALUME  Typed or printed name of signee  Filing Fees:  Filing Fees:  Filing Fees:  Filing Fees:  Filing Fees:			
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.  JEAN KITUA KALUME  Typed or printed name of signce	•	of State's records.	
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.  JEAN KITUA KALUME  Typed or printed name of signce  Filing Fees:  S125.00 Filing Fees for Articles of Organization and Designation of Registered Agent.	. VI: Other provisions, if any.		
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.  JEAN KITUA KALUME  Typed or printed name of signee  Filing Fees:	REQUIRED SIGNATURE:	Dagukaluma	
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.  JEAN KITUA KALUME  Typed or printed name of signce  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Perignation of Registered Agent		7	
Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	This document is execu I am aware that any fals	ted in accordance with section 605.0203 (1 e information submitted in a document to the	) (b), Florida Statutes.
\$125.00 Filing Fee for Articles of Organization and Designation of Peristered Agent			21 SEC ALL
\$125.00 Filing Fee for Articles of Organization and Designation of Peristered Agent		JEAN KITUA KALUWE	
\$125.00 Filing Fee for Articles of Organization and Designation of Pegistered Agent			MAY MAY
S 30.00 Certified Copy (Optional)		Typed or printed name of signce	MAY -1
2 20:00 Certified Coby (Obtional)	\$135.00 Filing For for Antidox of On	Typed or printed name of signce Filing Fees:	그 왕의 두 대
5 5 00 C-455-4-5 (C4-4 (O-45))		Typed or printed name of signce Filing Fees:	d Agent
5 5.00 Certificate of Status (Optional)	\$ 30.00 Certified Copy (Optional)	Typed or printed name of signee  Filing Fees: ganization and Designation of Registered	d Agent
		Typed or printed name of signee  Filing Fees: ganization and Designation of Registered	왕의 투어