

L 21000341348

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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JUL 28 2021

T. SCOTT



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2021 JUL 27 3:11 PM  
FBI/DOJ OFFICE, FLORIDA

2021 JUL 27 PM 12:27

FILED

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT:

P+L caring hands group 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:

Peter Soto

Name of Person

P+L Caring hands group

Firm/Company

8871 Lake Marion Creek Rd.

Address

Haines City, FL 33844

City/State and Zip Code

Tuysoto 777@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Soto

Name of Person

at

413

Area Code

517-7221

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:

P+L Caring Hands Group 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:

8871 Lake Marion Creek Rd.  
Haines City, FL  
33844

Mailing Address:

1006 Pantheon Dr.  
Kissimmee, FL  
34759

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:

Ulexica Soto

Name

8871 Lake Marion Creek Rd.

Florida street address (P.O. Box NOT acceptable)

Haines city FL

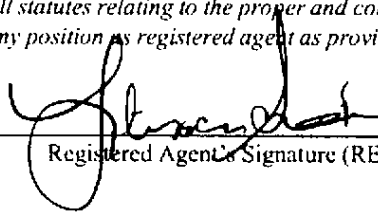
City

State

33844

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2021 JUL 27 PM 12:28  
TALLAHASSEE, FL 08150

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

**Name and Address:**

Peter Soto  
1006 Pantheon Dr.  
Kissimmee FL 34134

Ulexia Soto  
2871 Lake Marion Creek Rd  
Haines City, FL 33844

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: September 20<sup>th</sup> 2021 (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:**

Peter Soto

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.

Peter Soto

Typed or printed name of signee

**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)