

L21000365073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

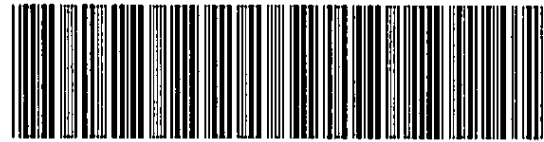
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

FILED
MAR 13 2008
TALLAHASSEE, FL

TO: New Filing Section
Division of Corporations

SUBJECT: FAMILY HEALTH CARE INDEPENDENT LIVING, 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:

RUTHENIA MOSES

Name of Person

MOSES BUSINESS SERVICES

Firm/Company

P.O. BOX 120091

Address

CLERMONT, FL. 34712

City/State and Zip Code

rutheniamoses@yahoo.com

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

For further information concerning this matter, please call:

Ruthenia Moses 352 408-8273

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

Street Address
New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAMILY HEALTH CARE INDEPENDENT LIVING, LLC.

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1132 Avenue D - Haines City, FL 33844

Mailing Address:

725 Lake Charles -Davenport, FL 33837

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:

Rubin Orelhomme

Name

725 Lake Charles

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

Haines City

Florida

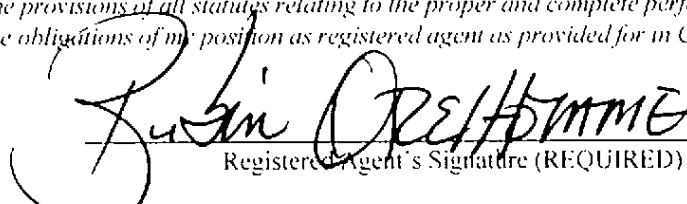
33837

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.



Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

President

Rubin Orelhomme
725 Lake Charles
Davenport, Fl. 33837

Vice President

Murline Orelhomme
725 Lake Charles
Davenport, Fl. 33837

Secretary

Madelene Orelhomme
725 Lake Charles
Davenport, Fl. 33837

(Use attachment if necessary)

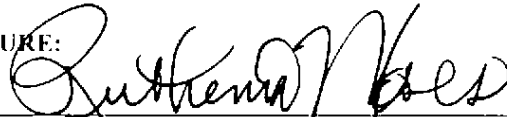
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

REQUIRED 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.

Ruthenia Moses

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)