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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

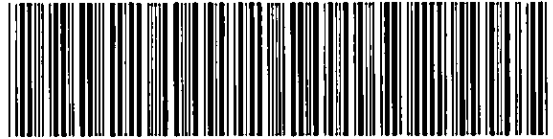
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only

SEP 23 2021

T. SCOTT



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07/16/21--01014--022 \*\*150.00

2021 SEP 22 AM 8:12  
NOT RECORDED  
SEP 23 2021

EIN#  
87-2619011

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Love Caregiving Services 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:

Quinnisha Howard

Name of Person

Love Caregiving Services

Firm/Company

7920 Merrill Rd Unit 2104

Address

Jacksonville FL 32277

City/State and Zip Code

quinnecaregerv.com

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

For further information concerning this matter, please call:

Quinnisha Howard at 904, 758-9800

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

EIN #  
87-269011

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Late Caregiving Services 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:

7920 Merrill Rd unit 2104  
Jacksonville FL 32277

Mailing Address:

401 Century 21 Dr  
APT E110  
Jacksonville FL 32216

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:

Quinnisha Howard  
Name

7920 Merrill Rd unit 2104  
Florida street address (P.O. Box **NOT** acceptable)  
Jacksonville FL 32277  
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..

Quinnisha Howard  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

28 SEP 22 AM 8:12

EIN#  
87-26192

**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

**Name and Address:**

Quinnisha Howard

7920 Merrill Rd Unit 2104

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9/22/2021 (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:**

Quinnisha Howard

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.

Quinnisha Howard

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)

To Whom it may concern,

I'm the owner of Love Caregiving Services Inc. and I have no intentions of revoking the dissolution. I'm starting a new LLC with the same name. I'm the owner of both.

Jim Hurl

9/22/2021