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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

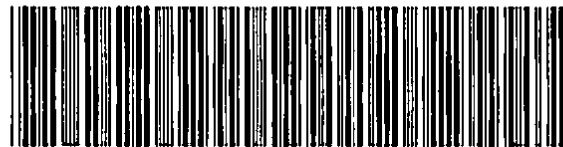
Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

T. SCOTT

JAN 03 2022



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21 DEC 28 PM 12:43

21 DEC 28 PM 12:43

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Peaceful Care 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:

Debra McDuffie
Name of Person

Peaceful Care LLC
Firm/Company

113 McDuffie Loop
Address

Fort Meade, FL, 33841
City/State and Zip Code

GodsChilddebbie@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra McDuffie at (352) 872-4061
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

ARTICLE I - Name:

Peaceful Care LLC

ARTICLE II - Address:

Principal Office Address:

113 McDuffie Loop
Fort Meade, FL 33841

Mailing Address:

113 McDuffie Loop
Fort Meade, FL 33841

(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.)

Debra McDuffie

Name _____

113 McDuffie Loop

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

Fort Meade FL 33841

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.

Debra M. Duffie
Registered Agent's Signature (REQ)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

21 DEC 29 PM 12:43

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

AMBR

Name and Address:

Debra McDuffie

113 McDuffie Loop,
Fort Meade, FL, 33841

Aaliyah Albert

6955 Lake Buffum rd. North
Fort Meade, FL, 33841

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2022 (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:

Aaliyah Albert

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.

Aaliyah Albert

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)