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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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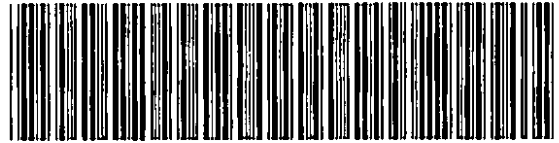
(Business Entity Name)

(Document Number)

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

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S. CHATHAM  
APR 18 2022

22 MAR 31 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 32317

FILED

✓

Alicia Black  
Black Family Care, LLC  
5709 Bay Tide Ct  
Land O' Lakes, FL 34638

March 28, 2022

Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

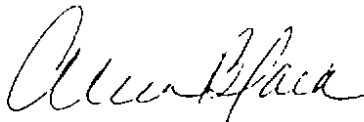
Re: Black Family Care, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

The organization's email address shall be [aliciajohnson505@hotmail.com](mailto:aliciajohnson505@hotmail.com).

Very truly yours,



Alicia Black  
Black Family Care, LLC

Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FL 32314

check stapled here

## **ARTICLES OF ORGANIZATION**

of

**Black Family Care, LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

### **ARTICLE I - ORGANIZATION NAME**

The name of the organization is Black Family Care, LLC.

### **ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

### **ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, and to be afforded all the protections of the laws of the State of Florida afforded to limited liability companies.

### **ARTICLE IV – ORGANIZATION OFFICE**

The organization's principal office address shall be as follows:

5709 Bay Tide Ct  
Land O' Lakes, FL 34638

The organization's mailing address shall be as follows:

5709 Bay Tide Ct  
Land O' Lakes, FL 34638

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TALLAHASSEE, FL 32399

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S  
SIGNATURE**

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Alicia Black  
5709 Bay Tide Ct  
Land O' Lakes, FL 34638

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.

  
Alicia Black, Registered Agent

**ARTICLE VI - MANAGERS**

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Alicia Black  
5709 Bay Tide Ct  
Land O' Lakes, FL 34638

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## ARTICLE VII - SIGNER

The name and address of the person signing these Articles of Organization is as follows:

Alicia Black  
5709 Bay Tide Ct  
Land O' Lakes, FL 34638

## ARTICLE VIII – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 20 day of March, 2022.

  
Alicia Black

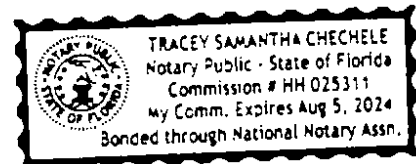
STATE OF FLORIDA  
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Alicia Black, known to me to be the person who executed the foregoing Articles of Organization, or who presented FL Dr. License as identification, and who acknowledged before me that she executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 20 day of March, 2022.



Notary Public, State of Florida at Large  
My Commission Expires:



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TALLAHASSEE, FLORIDA