

L22000385148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

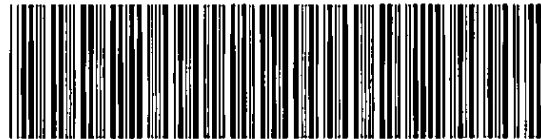
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

M.A.L.
Received
Sept (7)

Office Use Only



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S. CHATHAM
SEP - 8 2022

08/22/22--01001--013 **155.00

2022 AUG 19 PM 4:35

RECEIVED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP - 7 PM 3:56

Gala Habeck
Habeck Family Care, LLC
PO Box 1442
Gibson, FL 33534

July 28, 2022

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

Re: Habeck 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 larry@galatimes.com

Very truly yours,



Gala Habeck
Habeck Family Care, LLC

Enclosures

check stapled here



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 SEP -7 PM 2:33

August 22, 2022

GALA HABECK
P.O. BOX 1442
GIBSONTON, FL 33534 US

SUBJECT: HABECK FAMILY CARE, LLC
Ref. Number: W22000107841

We have received your document for and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the principal office address to be a street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 922A00018644

ARTICLES OF ORGANIZATION

of

HABECK 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 Habeck 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:

8825 Kanawha Rd.
Riverview, FL 33578

The organization's mailing address shall be as follows:

PO Box 1442
Gibsonton, FL 33534

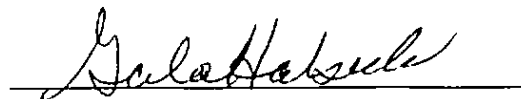
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP - 7 PM 3:07

**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:

Gala Habeck
8825 Kanawha Rd.
Riverview, FL 33578

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.


Gala Habeck, Registered Agent

ARTICLE VI - MANAGERS

This organization shall have two (2) managers 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 names and addresses of the initial managers of the organization are as follows:

Gala Habeck
PO Box 1442
Gibson, FL 33534

Michael Dietz
2718 O'Hara Dr.
Milton, WI 53563

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP -7 PM 3:07

ARTICLE VII - SIGNER

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

Gala Habeck
PO Box 1442
Gibson, FL 33534

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 28 day of July, 2022.

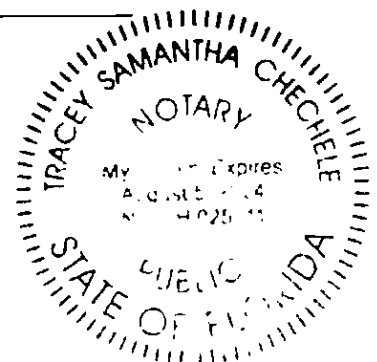
Gala Habeck
Gala Habeck

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 Gala Habeck, known to me to be the person who executed the foregoing Articles of Organization, or who presented FL DL 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 28 day of July, 2022

Tracey Samantha Chechele
Notary Public, State of Florida
My Commission Expires:



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP - 7 PM
07