

L220000397260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

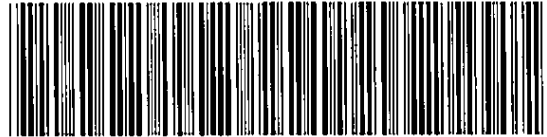
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SEP 14 2022

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Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 9/14/2022

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1069616

**ORDER ENTITY**  
NICE NURSING CARE PLLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

NICE NURSING CARE PLLC ( FL )

Please file the attached articles and provide a certified copy.

**NOTES:**

\$155.00 Authorized  
Email address for annual report reminders: filings@accumera.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "W6".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Articles of Organization  
Of  
Nice Nursing Care PLLC

*(Pursuant to section 608.407, Florida Statutes)*

1. The name of the Limited Liability Company is: **Nice Nursing Care PLLC**
2. The street address of the principal office of the Limited Liability Company is:

**9125 Chatam Ln., Port Richey, FL 34668**

3. The mailing address of the Limited Liability Company is:

**9125 Chatam Ln., Port Richey, FL 34668**

4. The name and address of the registered agent is as follows:

**Incorporating Services, Ltd., 1540 Glenway Drive, Tallahassee, FL 32301**

5. The period of duration for the Limited Liability Company shall be perpetual.
6. The Limited Liability Company is to be managed by the **members**. The names and addresses of such **members** are as follows:

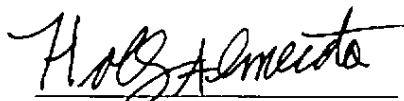
**Jah'Nya A. Banks, 9125 Chatam Ln., Port Richey, FL 34668**

7. The purpose for which the company is formed:

**The Professional Limited Liability Company will engage in the business of providing professional Certified Nursing Assistant services and Hospitalist services.**

In Witness Whereof, in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Dated: **September 14, 2022**



Holly Almeida  
Accumera LLC  
Authorized Representative

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Acceptance of Appointment as Registered Agent  
of

**Nice Nursing Care PLLC**

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Dated: **September 14, 2022**



**Incorporating Services, Ltd.,** Registered Agent

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