

9/21/22, 3:34 PM

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Division of Corporations

**L22 000410412**

Florida Department of State  
Division of Corporations  
Business Filings Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : ORLANDO MAXTAX SOLUTION & ACCOUNTING SVC, INC  
Account Number : I20200000138  
Phone : (689)239-1510  
Fax Number : (407)377-5785

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

22 SEP 21 PM 2:16

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ORLANDOMAXTAX@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
ALL CARE TRANSPORTATION, LLC**

2022 SEP 21 PM 3:48

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**ALL CARE TRANSPORTATION, LLC**

Must end with the words: ("Limited Liability Company", "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing and street address of the principal office of the Limited Liability Company is:

**MAILING ADDRESS: 308 REGAL DOWNS CIRCLE  
WINTER GARDEN FL, 34787**

**PHYSICAL ADDRESS: 308 REGAL DOWNS CIRCLE  
WINTER GARDEN FL, 34787**

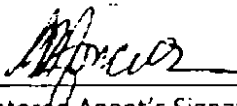
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

**Orlando MaxTax Solutions& Accounting Svc. Inc  
10244 E Colonial Dr. Ste 106  
Orlando FL 32817**

*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.*

  
Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

**Owner Name & Title: KAREN V MULLINGS**  
**Address: 308 REGAL DOWNS CIRCLE**  
**City /State /Zip code: WINTER GARDEN FL, 34787**

**Additional Members: ROHAN MULLINGS**  
**Address: 308 REGAL DOWNS CIRCLE**  
**City /State /Zip code: WINTER GARDEN FL, 34787**

**ARTICLE V: Effective date**, if other than the date of filing: 09-20-2022  
(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.

K Mullings  
Karen Mullings (Sep 21, 2022 11:23 EDT)

**REQUIRED SIGNATURE:**

**A Signature of a member or an authorized representative of a member:**

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Karen Mullings  
Typed or printed name of signee

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