

L22000468123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

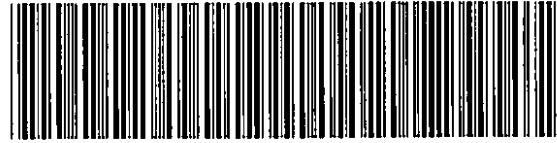
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ME Care, LLC.

Signature \_\_\_\_\_

Requested by: SETH

11/01/22

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FLORIDA LIMITED LIABILITY COMPANY  
KME CARE LLC**

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**ARTICLE I.  
NAME**

The name of the limited liability company is KME CARE LLC (referred to as the "Company").

**ARTICLE II.  
ADDRESS**

The Company's principal office and mailing address is 1206 East Ridgewood Street, Orlando, Florida 32803.

**ARTICLE III.  
REGISTERED AGENT AND REGISTERED OFFICE**

The name of the Registered Agent is DELOACH, P.L. The Registered Office is located at 1206 East Ridgewood Street, Orlando, Florida 32803.

**ARTICLE IV.  
MANAGEMENT**

The Company is to be managed by one or more Managers, and is, therefore, a manager-managed limited liability company. Unless and until replaced pursuant to the Operating Agreement for the Company, DANIEL M. ESTERLINE and COLLEEN W. ESTERLINE shall serve as the Managers. At any time when there is more than one Manager, any one Manager may take any action permitted to be taken by the Managers.

Articles of Organization

On 10/28/2022, DANIEL M. ESTERLINE, as the authorized representative of KME CARE LLC, executed these Articles of Organization on behalf of the Company.

DocuSigned by:  
Daniel M. Esterline  
FBB3334BF40453  
DANIEL M. ESTERLINE, as Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

On 11/2/2022, the undersigned has been named as Registered Agent and designated to accept service of process for KME CARE LLC. By signing below the undersigned hereby accepts the appointment as Registered Agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as Registered Agent as provided for in Florida Statutes Chapter 605.

DocuSigned by:  
Jordan Hurlburt  
AC696A74CA562AB  
JORDAN HURLBURT, as Manager of DeLoach, P.L., as Registered Agent

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