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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

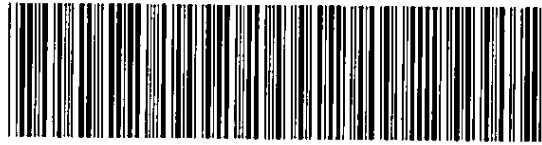
(Document Number)

Certified Copies _____

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2022 DEC -3 PM 2:24

10 FEB 24 07:01 -0P5 **125.00

2022 DEC -8 PM 2:25

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Safe and Secure Home Care, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Calvin Carter

Name of Person

Safe and Secure Home Care, LLC

Firm/Company

435 Oak Grove Ln

Address

Quincy, FL 32351

City/State and Zip Code

SafeSecurehce@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Calvin Carter

Name of Person

at (850)

Area Code

408-7105

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Manning, Emani D.

From: carter124 carter <carter124@msn.com>
Sent: Thursday, December 8, 2022 1:39 PM
To: Manning, Emani D.
Cc: carter124 carter
Subject: FW: Name change

Follow Up Flag: Follow up
Flag Status: Completed

EMAIL RECEIVED FROM EXTERNAL SOURCE

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: carter124 carter <carter124@msn.com>
Date: 12/8/22 12:35 PM (GMT-05:00)
To: carter124 carter <carter124@msn.com>, Me <calvincarter@tds.net>
Cc: carter124 carter <carter124@msn.com>
Subject: Name change

I Calvin Carter, is the founder and owner of Safe and Secure Home Care Inc. Corporation number is N2200006913. I am releasing this name of Safe and Secure Home Care Inc. I am requesting for a name change to Safe and Secure Home Care, LLC

EIN number 92 - 126583

Sent from my Verizon, Samsung Galaxy

A handwritten signature in black ink, appearing to read 'Calvin Carter', followed by a long horizontal line.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Safe and Secure Home Care, LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

435 Oak Grove Ln
Quincy, FL 32351

Same

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:

Calvin Carter
Name
435 Oak Grove Ln
Florida street address (P.O. Box NOT acceptable)
Quincy FL 32351
City State Zip

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.

Calvin Carter
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 FIC-3 F1 2:21

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

Name and Address:

Calvin Carter

435 Oak Grove Ln
Quincy, FL 32351

Martha Carter

435 Oak Grove Ln
Quincy, FL 32351

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Calvin Carter

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Calvin Carter

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)