

L23000051384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

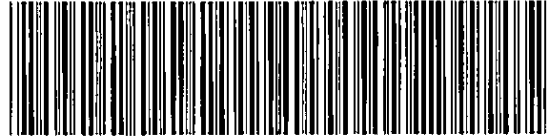
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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S. CHATHAM
FEB - 3 2023

01/30/23--01026--007 **125.00

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2023

CAPITAL CONNECTION, INC.

SUBJECT: ELLIOT'S HOME HEALTH CARE, LLC
Ref. Number: W23000012616

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 623A00002266

CAPITAL CONNECTION, INC.

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

ELLIOTT'S HOME HEALTH CARE, LLC

Signature _____

Requested by: SETH

01/26/23

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
FOR
ELLIOTT'S HOME HEALTH CARE, LLC

ARTICLE I - NAME

The name of the limited liability company **ELLIOTT'S HOME HEALTH CARE, LLC**.

ARTICLE II - ADDRESS

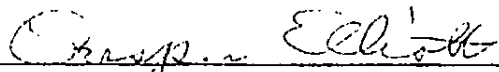
The mailing address and the street address of the principal office of the company is
3330 GULF OF MEXICO DR #206-D, LONGBOAT KEY, FL 34228

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

**CRISPIN ELLIOTT
3330 GULF OF MEXICO DR #206-D
LONGBOAT KEY, FL, 34228**

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 the Florida Statutes.


CRISPIN ELLIOTT

ARTICLE IV - MANAGEMENT

The business and affairs of the limited liability company shall be managed by

**CRISPIN ELLIOTT
3330 GULF OF MEXICO DR #206-D
LONGBOAT KEY, FL, 34228**

The member is:

**CRISPIN ELLIOTT
3330 GULF OF MEXICO DR #206-D
LONGBOAT KEY, FL, 34228**

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ARTICLE V — LIMITATION ON AGENCY AUTHORITY OF MEMBERS:

No member of the company shall be an agent of the company solely by virtue of being a member.

Dated: 1 | 27 | 23


CRISPIN E. LIOTT

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