

W230000234676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

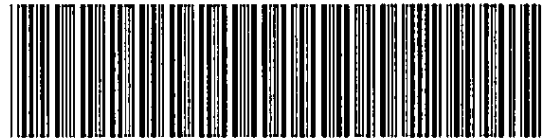
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23000015912

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*12/23*

01/18/23--01017--001 \*\*125.00

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SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2023

PATRICIA ADAMS  
112 DELGADO DRIVE  
FORT PIERCE, FL 34947 US

SUBJECT: PATRICIA PATIENCE CARE LLC  
Ref. Number: W23000015912

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.

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 623A00002805

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[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Patricia Patience Care, L.L.C.  
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:

Patricia Adams

Name of Person

Patricia Patience Care, L.L.C.

Firm/Company

112 Delgado Drive

Address

Fort Pierce, FL 34947

City/State and Zip Code

adams.patrice458@gmail.com

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

For further information concerning this matter, please call:

Donald Adams at (772) 773-2965

Name of Person

Area Code

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Patricia Patience Care, L.L.C.,

(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:

112 Delgado Drive  
Fort Pierce, FL  
34947

Mailing Address:

112 Delgado Drive  
Fort Pierce, FL  
34947

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:

Patricia Barron Adams

Name

112 Delgado Drive

Florida street address (P.O. Box **NOT** acceptable)

Fort Pierce, FL 34947

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..

Patricia Adams

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Patricia Adams

112 Delgado Drive

Fort Pierce, FL 34949

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/19/23 (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.

N/A

**REQUIRED SIGNATURE:**

Patricia Adams

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.

Patricia Adams

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)

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