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(Requestor's Name)

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(City/State/Zip/Phone #)

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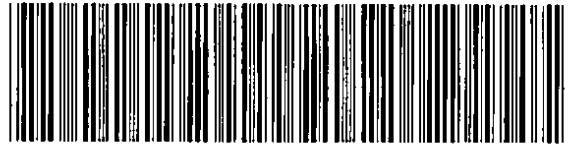
(Business Entity Name)

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

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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

4 LIFE CARE, LLC

Please Debit FCA000000003 For: 155

Thank you Seth Neeley



- ☐ 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 \_\_\_\_\_

Signature

Requested by: SETH

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

ARTICLES OF ORGANIZATION

OF

4 LIFE CARE, LLC

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The undersigned, for the purpose of forming a Limited Liability Company for profit under the laws of the State of Florida, hereby adopts the following Articles of Organization:

ARTICLE I - NAME

The name of this Limited Liability Company is:

4 LIFE CARE, LLC

ARTICLE II - TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually.

ARTICLE III - PURPOSES

The purposes of this Limited Liability Company are to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be 2052 Ben Franklin Drive, #801, Sarasota, FL 34236.

2.25

2.1

ARTICLE V - INITIAL REGISTERED AGENT AND ADDRESS

The street address of the registered office of this Limited Liability Company is 2052 Ben Franklin Drive, #801, Sarasota, Florida 34236, and the registered agent at such office is David H. Goldstein.

ARTICLE VI - ELECTRONIC NOTIFICATIONS

The e-mail address of this Limited Liability Company to be used for future annual report notifications shall be winnidoc@aol.com.

ARTICLE VII - MANAGEMENT

This Limited Liability Company shall be managed by a manager selected by a majority vote of its members.

ARTICLE VIII - VOTING

All members shall be entitled to vote on matters relating to the business operations of this Limited Liability Company. Each member shall have one vote for each membership unit owned.

ARTICLE IX - ADDITIONAL MEMBERS

No person may be admitted as a member of this Limited Liability Company unless all existing member consent in writing to the admission of such additional member.

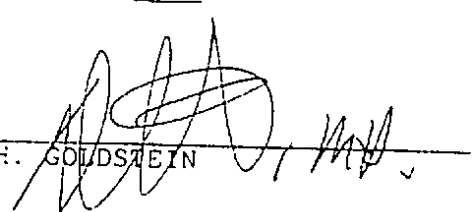
ARTICLE X - CONTINUATION OF BUSINESS OPERATIONS

In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member, the remaining members shall continue the business operations of this Limited Liability Company.

ARTICLE XI - AMENDMENT

These Articles of Organization may be amended in certain instances by the members as provided by statute.

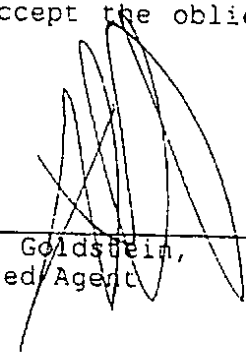
The undersigned has executed these Articles Of Organization this 22<sup>nd</sup> day of August, 2023.

  
\_\_\_\_\_  
DAVID H. GOLDSTEIN

"MEMBER"

Having been named as Registered Agent and to accept service of process for 4 LIFE CARE, LLC at the place designated in the foregoing Articles of Organization, 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.

08/22/23  
Date

  
\_\_\_\_\_  
David H. Goldstein,  
Registered Agent

(GMD:CB113768-5A800, LLC)

2023

2: