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## Maria Braden Braden Family Care, LLC 1834 Elmhurst Dr. Clearwater, FL 33765

November 16, 2023

Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Braden Family Care, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the abovenamed organization.

Please use the email address mbraden1313@gmail.com for notices. Thank you.

Very truly yours,

Maria Braden Braden Family Care, LLC

Enclosures

check stapled here

#### **ARTICLES OF ORGANIZATION**

of

#### **BRADEN FAMILY CARE, LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

#### **ARTICLE I - ORGANIZATION NAME**

The name of the organization is Braden Family Care, LLC.

#### **ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

#### **ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, and to be afforded all the protections of the laws of the State of Florida afforded to limited liability companies.

#### **ARTICLE IV - ORGANIZATION OFFICE**

The organization's principal office address shall be as follows:

1834 Elmhurst Dr.

Clearwater, FL 33765

The organization's mailing address shall be as follows:

1834 Elmhurst Dr.

Clearwater, FL 33765

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### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Maria Braden 1834 Elmhurst Dr. Clearwater, FL 33765

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.

Maria Braden, Registered Agent

#### **ARTICLE VI - MANAGERS**

This organization shall have two (2) managers initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial managers of the organization are as follows:

Maria Braden 1834 Elmhurst Dr. Clearwater, FL 33765

Lisa Vanderbilt 1834 Elmhurst Dr. Clearwater, FL 33765

#### **ARTICLE VII - SIGNER**

The name and address of the person signing these Articles of Organization is as follows:

Maria Braden 1834 Elmhurst Dr. Clearwater, FL 33765

#### ARTICLE VIII - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 16<sup>th</sup> day of November, 2023

Maria Braden

STATE OF FLORIDA COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Maria Braden, known to me to be the person who executed the foregoing Articles of Organization, and who acknowledged before me that she executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, 16<sup>th</sup> day of November, 2023

JADE SALES

Notary Public - State of Florida
Commission # HH 107367

My Comm. Expires Aug 31, 7076
Honded through National Notary Assn.

Notary Public, State of Florida at Large My Commission Expires:

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