

L23000518009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

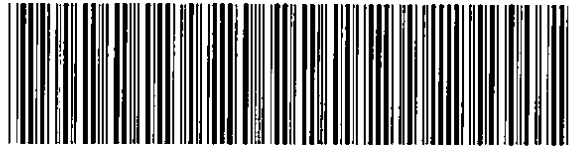
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 NOV 20 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
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TALLAHASSEE, FLORIDA

Betty A. Lowery
Ralston Family Care, LLC
4402 W. Elm Street
Tampa, FL 33614

November 18, 2023

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


Re: Ralston 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 above-named organization.

Please use the email address of betty.boop99@gmail.com for notices. Thank you.

Very truly yours,

X 

Betty A. Lowery
Ralston Family Care, LLC

Enclosures

check stapled here

ARTICLES OF ORGANIZATION

of

RALSTON 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 Ralston 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:

4402 W. Elm Street
Tampa, FL 33614

The organization's mailing address shall be as follows:

4402 W. Elm Street
Tampa, FL 33614

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ATTORNEY

**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:

Betty A. Lowery
4402 W. Elm Street
Tampa, FL 33614

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.


Betty A. Lowery, 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:

Betty A. Lowery
4402 W. Elm Street
Tampa, FL 33614

Vivian Folsom
5461 35th Terrace North
St. Petersburg, FL 33710

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TAMPA, FL

ARTICLE VII - SIGNER

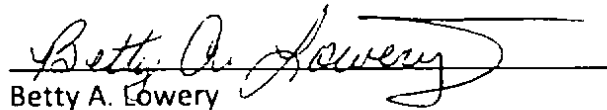
The name and address of the person signing these Articles of Organization is as follows:

Betty A. Lowery
4402 W. Elm Street
Tampa, FL 33614

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.

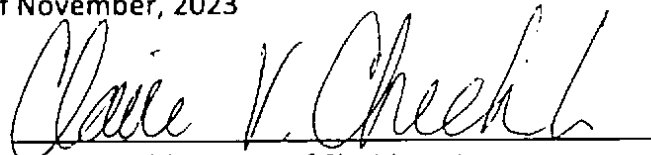
IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 18th day of November, 2023


Betty A. Lowery

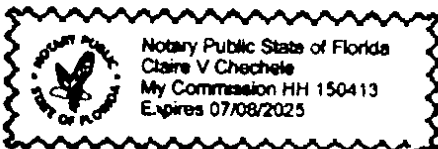
STATE OF FLORIDA
COUNTY OF PINELLAS

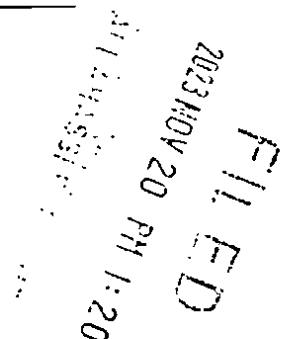
BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Betty A. Lowery, known to me to be the person who executed the foregoing Articles of Organization, and who acknowledged before me that she executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, 18th day of November, 2023



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



A diagonal filing stamp with the text: "FILED", "2023 NOV 20 PM 1:20", and "ALL HANDS".