

1/18/24, 10:08 AM
 L24000024754
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000024754 3)))



H240000247543ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : BUSINESS FILINGS
 Account Number : 105256001620
 Phone : (608)827-5300
 Fax Number : (608)827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: debbielyle@comcast.net

**FLORIDA LIMITED LIABILITY CO.
 Amazing Grace Assisted Living Home V LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED
 24 JAN 18 PM 12:46
 SECRETARY OF STATE
 TALLAHASSEE, FL 09100

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

FAX AUDIT # H24000024754 3**FILED****24 JAN 18 PM 12:47**

**ARTICLES OF ORGANIZATION
OF
Amazing Grace Assisted Living Home V LLC**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE I NAME

The name of the limited liability company is: Amazing Grace Assisted Living Home V LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be:
11028 83rd Lane N, Palm Beach Gardens, Florida 33412.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent is: Deborah Lytle, 8839 Marlamoore Lane, West Palm Beach, Florida 33412. Located in the County of Palm Beach.

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.

Signature: _____

Deborah Lytle

Date: _____

*1/17/24***ARTICLE IV MANAGERS/MEMBERS**

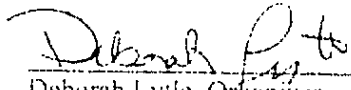
The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:
Deborah Lytle, 8839 Marlamoore Lane, West Palm Beach, Florida 33412

FAX AUDIT # H24000024754 3

FAX AUDIT # H24000024754 3

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.


Deborah Lytle, Organizer

Date: 1/17/24

Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

FAX AUDIT # H24000024754 3