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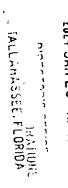
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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COVER LETTER

	Filing Section on of Corporations		
SUBJECT: _/	Drene Carina Name of Lim	ited Liability Company	
The enclosed A	rticles of Organization and fee(s) are	submitted for filing.	
Please return al	l correspondence concerning this mat	eter to the following:	
	Lorene 5	mitty	
		Name of Person	
		6: 16	
		Firm/Company	
_1	22 Samuels la Havana, Fl 32 Orenesmith 48 @ gi E-mail address: (to be used)	ant	
	. 1	Address	
	Havana, Fl 32	2333	
	Orthe Knille 115 a al	ty/State and Zip Code	
	E-mail address: (to be used)	for future annual report notification	on)
	nation concerning this matter, please		
Lor	erie Smith at (8	350 <u>)</u> 264-239	17
	Name of Person Ar	ea Code Daytime Telephone	Number
Enclosed is a cl	heck for the following amount:		
□\$125.00 Fili:	ng Fee S130.00 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	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	ssee

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Lorene's Caring Han	d's LLC
(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 t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
122 Samuels lanc	122 Samuels lane
Havana, Fl 32333	Havana, F1 32333

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:

Lorene	5m	ith '
	Name)
122 San	nuels	lane
Florida street addres	s (P.O. Box 🛭	OT acceptable)
Havain	Fi	32333
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.

(CONTINUED)

<u>Title:</u> "AMBR" = Authoriz	ed Member	Name and Address:
"MGR" = Manager <u>MG-R</u>		Lovene Smith
		
	 -	
(Use attachment if no	• ,	
(If an effective date is listed, the date of filing.) Note: If the date inserted in t	the date must be specific his block does not meet t	ing: (OPTIONAL) and cannot be more than five business days prior to or 90 days after he applicable statutory filing requirements, this date will not be listed as
the document's effective date ARTICLE VI: Other provision	•	ite's records.
ARTICLE VI: Other provision	•	
REOUIRED SIGN	ATURE:	Smeth
	, , , , , , , , , , , , , , , , , , , 	r or an authorized representative of a member.

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)

ARTICLE IV-