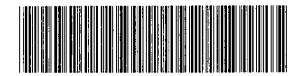
## L24000086411

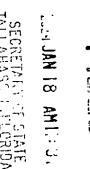
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100421881271

01/18/24--01013--009 \*\*180.09



T5H

## COVER LETTER

TO:	New Filing Section Division of Corporations		:	
CHINEZ	ROSENIE INDEPENDENT	LIVING, LLC.		
SUBJEC	Nan	ne of Limited Lia	bility Company	<del></del>
The encl	osed Articles of Organization and	fee(s) are submit	ted for filing,	
Please re	turn all correspondence concernin	g this matter to th	ne following:	
	Ruthenia Moses			
		Name	of Person	
	Moses Business Services			
		Firm	/Company	
	P. O. Box 120091			
		A	ddress	
	Clermont, FL 34712			
	Rutheniamoses(a yahoo.com	City/State	and Zip Code	
	<u> </u>	be used for futu	re annual report notificati	on)
for furthe	r information concerning this matt	er, please call:		
	Ruthenia Moses	352 _at (	408-8273	
	Name of Person	Area Code		e Number
Enclosed	Lis a check for the following amou	int;		
□\$125.	00 Filing Fee □\$130.00 Filin Certificate of S	tatus Cer	\$155.00 Filing Fee & tiffed 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 Tallahassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, Fl. 3230.	et. Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ROSENIE INDEPE	NDENT LIVING, LLC.		
(Must con	tain the words "Limited Lia	ability Company.	'L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal offi	ice of the Limited	Liability Company is:
<u>Princi</u>	nal Office Address:		Mailing Address:
1605 Crestlawn Av		1605	Crestlawn Ave.
TOOL CICSUANTING	·		
The Limited Liability Compar	gent, Registered Office, & y cannot serve as its own R	Registered Ager Registered Agent.	ndo, FL 32811 it's Signature: You must designate an individu
ARTICLE III - Registered A The Limited Liability Compar another business entity with ar	gent, Registered Office, & y cannot serve as its own R active Florida registration, t address of the registered a	Registered Ager Registered Agent. ' .) igent are:	u's Signature:
- Daniel F. H. D. Strand A	gent, Registered Office, & y cannot serve as its own R active Florida registration, t address of the registered a ROSENIE JEAN BAP	Registered Ager Registered Agent. ' .) igent are:	ıt's Signature:
ARTICLE III - Registered A The Limited Liability Compar another business entity with ar	gent, Registered Office, & y cannot serve as its own R active Florida registration, t address of the registered a ROSENIE JEAN BAP	Registered Ager Registered Agent. ' .) agent are: PTISTE Name	ıt's Signature:
ARTICLE III - Registered A The Limited Liability Compar another business entity with ar	gent, Registered Office, & sy cannot serve as its own R active Florida registration, t address of the registered a ROSENIE JEAN BAP	Registered Ager Registered Agent. V Digent are: PTISTE Name	it's Signature: You must designate an individu
ARTICLE III - Registered A The Limited Liability Compar another business entity with ar	gent, Registered Office, & y cannot serve as its own R active Florida registration. t address of the registered a ROSENIE JEAN BAP	Registered Ager Registered Agent. V Digent are: PTISTE Name	it's Signature: You must designate an individu

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)

SECRETALL OF STATE

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Signature of a member of state's records.  VI: Other provisions, if any.  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. Lam 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.  Ruthenia Moses  Typed or printed name of Registered Agent  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		remoer
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.  Ruthenia Moses  Typed or printed name of signee		
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.    Enthenia Moses   Typed or printed name of signee   Typed or pr	wicik - wianager	
See attachment if necessary)  V: Effective date, if other than the date of filing:  ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  FOURED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.02.03 (1) (b). Florida Statutes. 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.  Ruthenia Moses  Typed or printed name of signee	MGR	Rosenie Jean Baptiste
bse attachment if necessary)  V: Effective date, if other than the date of filing:		
Joe attachment if necessary)  V: Effective date, if other than the date of filing:		Orlando, FL 52811
Joe attachment if necessary)  V: Effective date, if other than the date of filing:		
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State.  Ruthenia Moses  Typed or printed name of signee.	AMBR	
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.  Ruthenia Moses  Typed or printed name of signee		1605 Crestlawn Ave.
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State.  Ruthenia Moses  Typed or printed name of signee  (OPTIONAL.)  (OPTION		Orlando, Pt. 528) i
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State.  Ruthenia Moses  Typed or printed name of signee  (OPTIONAL.)  (OPTION		
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State.  Ruthenia Moses  Typed or printed name of signee  (OPTIONAL.)  (OPTION	·	
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		<u> </u>
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:	Use attachment if neces	sary)
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.  Ruthenia Moses  Typed or printed name of signee	etive date is listed, the e filing.) he date inserted in this l	late must be specific and cannot be more than five business days prior to or 90 d block does not meet the applicable statutory filing requirements, this date will not b
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.  Ruthenia Moses  Typed or printed name of signee	etive date is listed, the of filing.)  the date inserted in this light on the office of the office o	late must be specific and cannot be more than five business days prior to or 90 d block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.  Ruthenia Moses  Typed or printed name of signee	etive date is listed, the G f filing.) he date inserted in this l nent's effective date on t EVI: Other provisions, if	late must be specific and cannot be more than five business days prior to or 90 dealer must be specific and cannot be more than five business days prior to or 90 dealer does not meet the applicable statutory filing requirements, this date will not be Department of State's records.  Tany.
This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.  Ruthenia Moses  Typed or printed name of signee	etive date is listed, the of filing.) he date inserted in this linent's effective date on the control of the co	late must be specific and cannot be more than five business days prior to or 90 d alook does not meet the applicable statutory filing requirements, this date will not be Department of State's records.  Tany.
Lam 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.  Ruthenia Moses  Typed or printed name of signee	etive date is listed, the Garding.) the date inserted in this light's effective date on the CVI: Other provisions, if the CVI: Other provisions, if the CVI: Other provisions if the CVI: Other provisions if the CVI: Other provisions if the CVIII of the	late must be specific and cannot be more than five business days prior to or 90 declared to the applicable statutory filing requirements, this date will not be Department of State's records.  Tany.
Constitutes a third degree felony as provided for in s.817.155, F.S.  Ruthenia Moses  Typed or printed name of signee	etive date is listed, the of filing.) he date inserted in this light's effective date on the control of the con	JRE:  Jack must be specific and cannot be more than five business days prior to or 90 declared to the applicable statutory filing requirements, this date will not be Department of State's records.  Jany.  JRE:  Jany.  J
Typed or printed name of signee	etive date is listed, the of filing.) he date inserted in this linent's effective date on the control of the co	JRE:  Jack must be specific and cannot be more than five business days prior to or 90 decided does not meet the applicable statutory filing requirements, this date will not be Department of State's records.  Jany.  Jany.  Jany.  January of a member or an authorized representative of a member, ument is executed in accordance with section 605,0203 (1) (b). Florida Statutes.
	etive date is listed, the Garding.) he date inserted in this light's effective date on the CVI: Other provisions, if  REQUIRED SIGNATU  Signature of the CVI of the C	Diock does not meet the applicable statutory filing requirements, this date will not be Department of State's records.  Tany.  T
Filing Fees: 5125,00 Filing Fee for Articles of Organization and Designation of Registered Agent 8 30,00 Certified Copy (Optional)	etive date is listed, the offiling.) he date inserted in this light's effective date on the control of the cont	BRE:  Jack Moss not meet the applicable statutory filing requirements, this date will not be Department of State's records.  Jany.  Jany.  Jany.  Januare of a member or an authorized representative of a member.  Januare tis executed in accordance with section 605.0203 (1) (b). Florida Statutes, are that any false information submitted in a document to the Department of State es a third degree felony as provided for in s.817.155, F.S.  Januare Moses
Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)	etive date is listed, the of filing.) he date inserted in this linent's effective date on the control of the co	BRE:  Jack Moss not meet the applicable statutory filing requirements, this date will not be Department of State's records.  Jany.  Jany.  Jany.  Januare of a member or an authorized representative of a member.  Januare tis executed in accordance with section 605.0203 (1) (b). Florida Statutes, are that any false information submitted in a document to the Department of State es a third degree felony as provided for in s.817.155, F.S.  Januare Moses
S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent Republic Science Copy (Optional)	etive date is listed, the of filing.) he date inserted in this linent's effective date on the control of the co	BRE:  Jack Moses  Jack must be specific and cannot be more than five business days prior to or 90 deployed does not meet the applicable statutory filing requirements, this date will not be be be because of State's records.  Jany.  Jack Moses  Typed or printed name of signee  Typed or printed name of signee
S 30.00 Certified Copy (Optional)	etive date is listed, the offiling.) the date inserted in this light's effective date on the control of the con	BRE:  Jack Moses  Jack must be specific and cannot be more than five business days prior to or 90 deployed does not meet the applicable statutory filing requirements, this date will not be be be because of State's records.  Jany.  Jack Moses  Typed or printed name of signee  Typed or printed name of signee
§ 5.00 Certificate of Status (Optional)	Signature Sizes of Filing Signature Sizes of Filing Signature Sizes of Size	BRE:  Jack Moses  Jack must be specific and cannot be more than five business days prior to or 90 deployed does not meet the applicable statutory filing requirements, this date will not be be be because of State's records.  Jany.  Jack Moses  Typed or printed name of signee  Typed or printed name of signee

F STATE

NI8 AML:3.