

L24000357164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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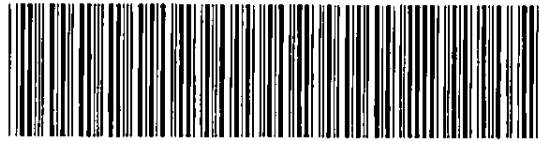
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • Tel 800-342-8062 • Fax (850) 222-1222

BOSLEY FAMILY CARE, LLC

Signature _____

Requested by: BA

08/13/24

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
✓ ____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
✓ ____ Cert. Copy _____
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____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**Christina Bosley
Bosley Family Care, LLC
2418 Baird St
Port Charlotte, FL 33948**

August 9, 2024

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

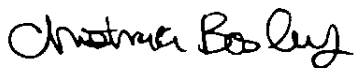
Re: BOSLEY FAMILY CARE, LLC

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 bosleyfamilycareLLC@gmail.com for notices. Thank you.

Very truly yours,



Christina Bosley
Bosley Family Care, LLC

Enclosures

check stapled here

ARTICLES OF ORGANIZATION

of

BOSLEY 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 Bosley 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:

2418 Baird St
Port Charlotte, FL 33948

The organization's mailing address shall be as follows:

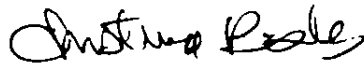
2418 Baird St
Port Charlotte, FL 33948

**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:

Christina Bosley
2418 Baird St
Port Charlotte, FL 33948

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.



Christina Bosley, Registered Agent

ARTICLE VI - MANAGERS

This organization shall have one (1) manager 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 name and address of the initial manager of the organization is as follows:

Christina Bosley
2418 Baird St
Port Charlotte, FL 33948

ARTICLE VIII - SIGNER

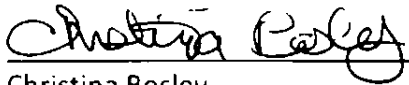
The name and address of the person signing these Articles of Organization is as follows:

Christina Bosley
2418 Baird St
Port Charlotte, FL 33948

ARTICLE IX – 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 13 day of August, 2024

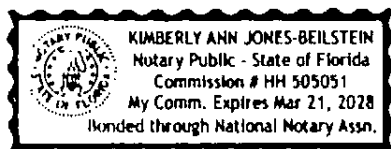


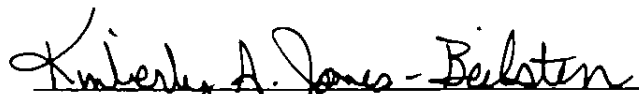
Christina Bosley

STATE OF FLORIDA
COUNTY OF CHARLOTTE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Christina Bosley, known to me to be the person who executed the foregoing Articles of Organization, or who presented Driver's License as identification, 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, this 13 day of August, 2024.




Notary Public, State of Florida at Large
My Commission Expires: Mar 21, 2028