124000318345

(F	Requestor's Name)		
(/	Address)		
	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(E	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions t	to Filing Officer:		





400435256054

08/27/24~-01002~-014 ++150.00

PRATUGET ON SUL

COVER LETTER

	New Filing Section Division of Corporations				
eup irz	I. W. BELL INDEPENDENT LIVIN	G. LLC.			
SUBJEC	Name of Lin	nited Liabi	lity Company		
The encl	osed Articles of Organization and fee(s) ar	e submitte	d for filing.		
Please re	turn all correspondence concerning this ma	atter to the	following:		
	RUTHENIA MOSES				
		Name o	f Person		
	MOSES BUSINESS SERVICES				
		Firm/Co	отрапу	<u></u>	
	P.O.BOX 120091				
		Add	ress	.,	
	CLERMONT, FL. 34712				
	Rutheniamoses@yahoo.com	ity State a	nd Zíp Code		
	E-mail address: (to be used	for future	annual report notification	on i	
For furthe	r information concerning this matter, please	e cail:			
		52	408-8273		
			Daytime Telephone	Number	
Enclosed	is a check for the following amount:				
⊔\$125.	00 Filing Fee U\$130.00 Filing Fee & Certificate of Status	Certit	55,00 Filing Fee & ied Copy nat copy is enclosed)	■\$160,00 Filin Certificate of S Certified Copy (additional copy i	tatus & s enclosed)⊇
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Div The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee t. Suite 810	SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is			
I. W. BELL INDEPENDENT LIV			
(Must contain the words	"Limited Liability Compa	iny: "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and street address of the p	rincipal office of the Lim	ited Liability Company is:	
Principal Office Add	ress:	Mailing Address:	
1379 SIERRA CIRCLE		379 SIERRA CIRCLE	
1379 SILKINA CINCLE		KISSIMMEE, FL. 34744	
KISSIMMEE, FL. 34744 ARTICLE III - Registered Agent, Registere The Limited Liability Company cannot serve	d Office, & Registered /	Agent's Signature:	
KISSIMMEE, FL. 34744 ARTICLE III - Registered Agent, Registere The Limited Liability Company cannot serve another business entity with an active Florida	d Office, & Registered Age as its own Registered Age registration.)	Agent's Signature:	
KISSIMMEE, FL. 34744 ARTICLE III - Registered Agent, Registere The Limited Liability Company cannot serve	d Office, & Registered Age as its own Registered Age registration.)	Agent's Signature:	
KISSIMMEE, FL. 34744 ARTICLE III - Registered Agent, Registere The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	d Office, & Registered / as its own Registered Ago registration.) registered agent are: LOUISSAINT	Agent's Signature:	
KISSIMMEE, FL. 34744 ARTICLE III - Registered Agent, Registere The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	d Office. & Registered Age as its own Registered Age registration.)	Agent's Signature:	
KISSIMMEE, FL. 34744 ARTICLE III - Registered Agent, Registere The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the ISABELLE 1379 SIER	d Office. & Registered / as its own Registered Age registration.) registered agent are: LOUISSAINT Name RA CIRCLE	Agent's Signature: ent. You must designate an individual or	
KISSIMMEE, FL. 34744 ARTICLE III - Registered Agent, Registere The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the ISABELLE 1379 SIER	d Office. & Registered / as its own Registered Age registration.) registered agent are: LOUISSAINT Name	Agent's Signature: nnt. You must designate an individual or	
KISSIMMEE, FL. 34744 ARTICLE III - Registered Agent, Registere The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the ISABELLE 1379 SIER	d Office. & Registered Age as its own Registered Age registration.) registered agent are: LOUISSAINT Name RA CIRCLE ret address (P.O. Box NO	Agent's Signature: ent. You must designate an individual or	
KISSIMMEE, FL. 34744 ARTICLE III - Registered Agent, Registere The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the ISABELLE 1379 SIER Florida street KISSIMMI	d Office. & Registered Age as its own Registered Age registration.) registered agent are: LOUISSAINT Name RA CIRCLE ret address (P.O. Box NO	Agent's Signature: ent. You must designate an individual or T acceptable)	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

THE SECRETARY OF CIME PROPERTY OF THE SECONDARY

ARTICLE IV-

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

	SABELLE LOUISSAINT 1379 SIERRA CIRCLE	
MGR" I		
	KISSIMMEE, FL. 34744	
	- 	
,		
se attachment if necessary)		
se attachment if necessary)		
1. Effective taxs if ather than the date of fil	ling: (OPTION) and cannot be more than five business days prior	A1.)
VI: Other provisions, if any.		
Signature of a membe	r or an authorized representative of a member.	
Signature of a membe This document is executed in	er or an authorized representative of a member.	Statutes.
Signature of a membe This document is executed in I am aware that any false info	or or an authorized representative of a member. a accordance with section 605.0203 (1) (b), Florida is a document to the Department	Statutes.
Signature of a membe This document is executed in I am aware that any false info	er or an authorized representative of a member.	Statutes.
Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida is a document to the Department only as provided for in s.817.155, F.S.	Statutes.
Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida is a document to the Department only as provided for in s.817.155, F.S.	Statutes. t of State
Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo	or or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida a formation submitted in a document to the Department only as provided for in s.817.155, F.S. In ped or printed name of signee	Statutes. t of State
Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo RUTHENIA MOSES Ty	or or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida is a document to the Department only as provided for in s.817.155, F.S. Inped or printed name of signee	Statutes. t of State
Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo RUTHENIA MOSES Ty	or or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida a formation submitted in a document to the Department only as provided for in s.817.155, F.S. In ped or printed name of signee	Statutes. t of State
Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo RUTHENIA MOSES Ty 125.00 Filing Fee for Articles of Organizing States of Copy (Optional)	or or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida is a document to the Department only as provided for in s.817.155, F.S. Inped or printed name of signee	Statutes. tof State 2024 AUG 27
Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo RUTHENIA MOSES Ty	or or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida is a document to the Department only as provided for in s.817.155, F.S. Inped or printed name of signee	Statutes. t of State
Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo RUTHENIA MOSES Ty 125.00 Filing Fee for Articles of Organizing States of Copy (Optional)	or or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida is a document to the Department only as provided for in s.817.155, F.S. Inped or printed name of signee	Statutes. tof State 2024 AUG 27
Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo RUTHENIA MOSES Ty 125.00 Filing Fee for Articles of Organizing States of Copy (Optional)	or or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida is a document to the Department only as provided for in s.817.155, F.S. Inped or printed name of signee	Statutes. tof State 2024 AUG 27

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabi	lity Company is:		
	PENDENT LIVING, LLC		
(Must con	ntain the words "Limited	Liability Compa	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Lim	iited Liability Company is:
Princi	pal Office Address:		Mailing Address:
1379 SIERRA CIR	1379 SIERRA CIRCLE		1379 SIERRA CIRCLE
KISSIMMEE, FL.			KISSIMMEE. FL. 34744
another business entity with a			ent. You must designate an individual or
The name and the Florida stree	et address of the registere	d agent are:	
	ISABELLE LOUISS	SAINT	
		Name	
	1379 SIERRA CIRC	TLE	
	Florida street addre	ss (P.O. Box <u>XC</u>	OT acceptable)
	KISSIMMEE	FL.	34744
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

ARTICLE IV-

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
"MGR"	ISABELLE LOUISSAINT		
	1379 SIERRA CIRCLE		
	KISSIMMEE, FL. 34744		
	···		
	, <u> </u>		
(Use attachment if necessary)			
(Ose anachment it necessary)			
DTICLE V. Effective data if other than the de	ate of filing: (OPTIONA	.1.)	
If an effective data is listed, the data must be	specific and cannot be more than five business days prior	to ar 90 d	lavs after
	specific and cannot be more than the business days prior	10 01 30 0	u, s unce
he date of filing.)	of meet the applicable statutory filing requirements, this date	will not F	e listed as
he document's effective date on the Departme	nt at State's records	WILL HOLE	e noted m
he document's effective date on the 19epartine	in of thate's records.		
RTICLE VI: Other provisions, if any.			
	·		
			<u> </u>
REOURED SIGNATURE:			
	11/		
Doct	Toma Mason		
Signature of a	member or an authorized representative of a member.		
This document is exe	cuted in accordance with section 605,0203 (1) (b), Florida S	tatutes.	
I am aware that any fa	ilse information submitted in a document to the Department of	of State	
constitutes a third deg	the many material additional and a modern and a separate		
	ree felony as provided for in s.817.155, F.S.		
	ree felony as provided for in s.817.155, F.S.		
<u>RUTHENIA N</u>	rec felony as provided for in s.817.155, F.S.		<u>:-</u>
<u>RUTHENIA N</u>	ree felony as provided for in s.817.155, F.S.	5UZ	S IS
<u>RUTHENIA N</u>	MOSES Typed or printed name of signee	1 5682	SEQ.
	MOSES Typed or printed name of signee Filing Fees:	2024 AU	38088
\$125.00 Filing Fee for Articles of C	MOSES Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	ALIG	JIVISION DA
\$125.00 Filing Fee for Articles of G \$ 30.00 Certified Copy (Optional)	WOSES Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	2004 AUG 27	SECRETARY TIVISIONE TARK
\$125.00 Filing Fee for Articles of C	WOSES Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	AUG 27	SECRETARY C
\$125.00 Filing Fee for Articles of G \$ 30.00 Certified Copy (Optional)	WOSES Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	ALIG	SECRETARY OF
\$125.00 Filing Fee for Articles of G S 30.00 Certified Copy (Optional)	WOSES Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	AUG 27	NAISLUE YER ELED ALVISIUM YER ELED