

9/13/24, 12:24 PM

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**624000402101**

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

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

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

Email Address: sherri.fonte@huschblackwell.com

RECEIVED

2024 SEP 17 PM 5:05

SECRETARY OF STATE  
TALLAHASSEE FL

Please  
honor  
original filing  
date of  
9/13/24

### FLORIDA LIMITED LIABILITY CO.

#### Americare Home Health Services, LLC

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

STATE  
SECRET  
FL

2024 SEP 17 PM 4:24

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Americare Home Health Services, 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 the Limited Liability Company is:

Principal Office Address:Mailing Address:

1095 Whippoorwill Ln, Naples, FL 34105

1095 Whippoorwill Ln, Naples, FL 34105

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Jaysen Roa

Name

1095 Whippoorwill Lane

Florida street address (P.O. Box **NOT** acceptable)

Naples

Florida

34105

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 **its** 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.**

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE  
OF FLORIDA  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF COLLEGE, FL

**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Avow, Inc.

1095 Whippoorwill Lane

Naples, Florida 34105

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**


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.

Jaysen Roa

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)

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2024 SEP 17 PM 4:24  
STATE OF FLORIDA  
DEPARTMENT OF STATE

AMERICARE HOME HEALTH SERVICES, INC  
5020 Tamiami Trail N. Ste 202  
Naples, FL 34103

September 12, 2024

Florida Department of State  
Division of Corporations  
New Filing Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Consent to Use of Same Name

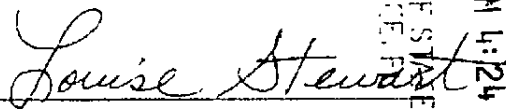
Dear Sir or Madam:

AmeriCare Home Health Services, Inc. (Document No. P04000128459) hereby consents, pursuant to Fla. Stat. 605.0112(1)(b), to the use of the name AmeriCare Home Health Services, LLC, (the "Name") by the entity filing the enclosed Articles of Organization to form a Florida limited liability company under the Name.

Sincerely,

AMERICARE HOME HEALTH SERVICES, INC.  
a Florida corporation

By:



Name: Louise Stewart  
Its: President

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CORPORATIONS  
TALLAHASSEE, FL