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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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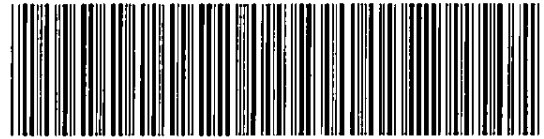
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF REVENUE
TREASURY

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CARING HANDS OF SOUTH FLORIDA LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN P. AUSTIN

Name of Person

CARING HANDS OF SOUTH FLORIDA LLC

Firm/Company

7018 NANDINA LANE

Address

TAMARAC, FLORIDA 33321

City/State and Zip Code

karenaustin0316@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN AUSTIN 954 6123312
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 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
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
JAN 11 2006

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

KAREN P. AUSTIN "

7018 NANDINA LANE
TAMARAC FLORIDA 33321

RAVEN-NICOLE CRU

7018 NANDINA LANE
TAMARAC, FLORIDA 33321

JUREL G. RICKETTS "

7018 NANDINA LANE
TAMARAC, FLORIDA 33321

(Use attachment if necessary)

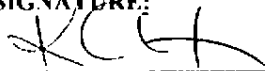
ARTICLE V: Effective date, if other than the date of filing: 01/01/2025 . (OPTIONAL)

(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.

KAREN P. AUSTIN

Typed or printed name of signer

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)

SECRET
FILED
DIVISION OF
STATE
JAN 11 2025
TAMARAC, FL
33321

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CARING HANDS OF SOUTH FLORIDA 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:

7018 NANDINA LANE

TAMARAC, FL., 33321

Mailing Address:

7018 NANDINA LANE

TAMARAC, FL., 33321

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:

KAREN P. AUSTIN

Name

7018 NANDINA LANE

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

TAMARAC

FL

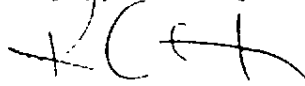
33321

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)

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STATE
JAN 11 2007
TAMARAC, FL