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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	New Filing Sec Division of Co						
end lee		OMFORT INDEPEN	DENT	LIVING	LLC.		
SUBJEC'	ı; <u></u>	Name o	fLim	ited Liabil	ity Company		
The enclo	sed Articles of	Organization and feet	s) are	submitted	for filing.		
Please reti	arn all correspo	ondence concerning th	is mat	ter to the I	ollowing:		20 8
	RUTHENIA	MOSES					2025 APR 29 \$元代/////
				Name of	Person		R 29
	MOSES BU	SINESS SERVICES					18 SA - R
		····		Firm/Co	mpany		र्डे
	P.O. BOX12	1900					
	-			Addr	ess		
	CLERMON	T, FL. 34712					
	rutheniamose	s@yahoo.com	Ci	y State an	d Zip Code		
		E-mail address: (to be	used t	or future :	nnual report notificat	ion)	
For further	information co	ncerning this matter, p	lease	call:			
	Ruthenia Mo		350 it (?	408-8273		
	Nan	ne of Person		ea Code	Daytime Telephon	ie Number	
Enclosed	is a cheek for t	he following amount:					
	0 Filing Fee	LI\$130.00 Filing Fo		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.004 Certificate of Certified Co (additional co	of Status &
		ng Address Tling Section			Street Address New Filing Section D	ivision	
	Divisi	on of Corporations Sox 6327			The Centre of Tallah 2415 N. Monroe Stre	assee	
		assee, FL 32314			Tallahassee, FL 3230		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liabi	LLC. lity Company, "L.L.C.," or "LLC.")
TOTAL ALL	
ICLE II - Address: mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	<u>Mailing Address</u> :
1700 BRIDLE TRAIL	1700 BRIDLE TRAIL
PUNTA GORDA, FL. 33982	PUNTA GORDA, FL. 33982
ICLE III - Registered Agent, Registered Office, & Ro	ogistered Agent's Signature
Limited Liability Company cannot serve as its own Reg	istered Agent. You must designate an individua

MARIE FRANCOISE MORISSEAU

Name

1700 BRIDLE TRAIL

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

PUNTA GORDA, FL.

33982

City

State

Zıp

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)

ARTICLE IV-

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

		<u>LAddress:</u>
	thorized Member	
"MGR" = Man	•	
<u>"AMBR"</u>	MARIE FRANC	COISE MORISSEAU
	1/00 BRIDLE PLISTA GORD	RAIL A. FL. 33982
	TONTA GORD	A. C., 3.5705
		
		
/1.1	or if a construction of the construction of th	
(Use attachmer	nt if necessary)	
		. (OPTIONAL)
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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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DIVINE COMFORT	INDEPENDENT LIVING	i. I.I.C.		
(Must conta	in the words "Limited Lia	bility Company, "L	.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and street ad	ldress of the principal offic	ce of the Limited Li	ability Company is:	
<u>Principa</u>	al Office Address:		Mailing Address:	
1700 BRIDLE TRAII	L	1700 B	RIDLE TRAIL	
PUNTA GORDA, FL	., 33982	PUNT.	PUNTA GORDA, FL. 33982	
RTICLE III - Registered Age The Limited Liability Company nother business entity with an a he name and the Florida street a	eannot serve as its own Rective Florida registration.)	egistered Agent. Yo	s Signature: u must designate an individual o	
The Limited Liability Company nother business entity with an a	eannot serve as its own Rective Florida registration.)	egistered Agent. Yo		
The Limited Liability Company nother business entity with an a	cannot serve as its own Rective Florida registration.) address of the registered ag	egistered Agent. Yo		
The Limited Liability Company nother business entity with an a	cannot serve as its own Rective Florida registration.) address of the registered ag	rgistered Agent. Yo gent are:		
The Limited Liability Company nother business entity with an a	cannot serve as its own Rective Florida registration.) Iddress of the registered ag MARIE FRANCOISE N	egistered Agent. Yo gent are: MORISSEAU Jame	u must designate an individual o	
The Limited Liability Company nother business entity with an a	eannot serve as its own Rective Florida registration.) Iddress of the registered ag MARIE FRANCOISE N N 1700 BRIDLE TRAIL	egistered Agent. Yo gent are: MORISSEAU Jame	u must designate an individual o	

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. Thereby accept the appointment as registered agent and agree to act in this capacity. I purther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am Jamiliar 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)



ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
"AMBR"	MARIE FRANCOISE MORISSEAU
	1700 BRIDLE TRAIL PUNTA GORDA, FL. 33982
	PUNTA GORDA, FL. 55982
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)	the date of filing:
REQUIRED SIGNATURE:	Alena Mosei
This document is I am aware that a	of a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.
RUTHEN	IA MOSES

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)