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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

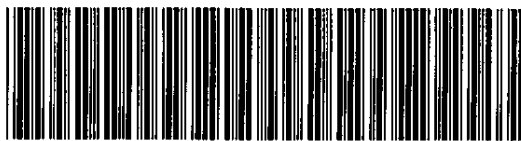
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10/05/15--01030--021 **78.75

10/26/15--01045--017 **81.25

FILED
2015 OCT 21 PM 5:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 27 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2015

DEVAHN I MURPHY
1104 MANTES AVE.
JACKSONVILLE, FL 32205

SUBJECT: J & J FAMILY HOME HEALTH CARE, LLC
Ref. Number: W15000066353

We have received your document for J & J FAMILY HOME HEALTH CARE, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please note the difference in fees.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 015A00021130

RECEIVED
15 OCT 21 PM 1:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J + J Family Home Health Care, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Devahn Murphy
Name of Person

J + J Family Home Health Care, LLC
Firm/Company

1104 Mantres Ave.
Address

Jacksonville, FL 32205
City/State and Zip Code

jrijhealthcare7@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanne Reed-Little at (203) 361-0179
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. J + J Family Home Health Care, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
J + J Family Home Health Care, L.L.C.
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Connecticut
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 35-2449825
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1104 Mantec Ave, Jacksonville, FL 32205
(Street Address of Principal Office)

6. 1104 Mantec Ave, Jacksonville, FL 32205
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Devahn Murphy

Office Address: 1104 Mantec Ave

Jacksonville, Florida 32205
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Devahn Murphy
Agent
1104 Mantec Ave, Jacksonville, FL 32205

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]
Signature of an authorized person

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.

Devahn Murphy
Typed or printed name of signee

FILED
2015 OCT 21 PM 5:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that articles of organization for

J & J FAMILY HOME HEALTH CARE, LLC

a domestic limited liability company, were filed in this office on June 01, 2011.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such
limited liability company is in existence.



Secretary of the State

Date Issued: September 28, 2015

FILED
2015 OCT 21 PM 5:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA